



BROWN

# International Student & Scholar Services

Page-Robinson Hall, Suite 420

69 Brown Street, Box 1906

Providence, RI 02912

Email: [oisss@brown.edu](mailto:oisss@brown.edu)

Phone 401-863-2427

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[www.brown.edu/oisss](http://www.brown.edu/oisss)

## Request for O-1A Sponsorship by Departments or Affiliated Hospitals of Brown University

These Request Forms are used to request that the OISSS file an O-1A petition for a prospective or current employee's employment at Brown or an Affiliated Hospital\*. It is essential that all information entered in this Request is accurate. This information will be used to prepare the O-1A petition. After ISSS completes the initial screening we will be in touch with any questions.

Type of O-1A Requested: ☐ New O-1A ☐ O-1A Extension ☐ Concurrent O-1A

### Applicant Information

1. Applicant's name exactly as it is indicated on his/her passport

Family (Last) \_\_\_\_\_ Given (First) \_\_\_\_\_

2. Date of Birth: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

3. Gender: ☐ Male ☐ Female

### Appointment Information

4. Department: \_\_\_\_\_

5. Full Position Title: \_\_\_\_\_

6. Faculty Sponsor Name and Title: \_\_\_\_\_

7. Proposed Dates of O-1A: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

8. Salary as of Start Date on O-1A listed above: \_\_\_\_\_ per year.

9. \$ 100% appointment or **full time** required. If less than 100% appointment, please explain: \_\_\_\_\_

10. Brief Non-Technical Job Description: \_\_\_\_\_

11. Physical Address of work location(s): \_\_\_\_\_  
Street City State Zip

12. Is this a tenure or a tenure track position? ☐ Yes ☐ No

13. If this is a tenure or a tenure track position, is it anticipated that the scholar will be spending any time of this requested H-1B on sabbatical? ☐ Yes ☐ No ☐ Not Applicable

14. If yes, please specify when, for how long, and where: \_\_\_\_\_

### Minimum Requirements for the POSITION\* (NOT the qualifications of the applicant)

15. Minimum Degree(s) required for the position: ☐ Doctorate ☐ Master's ☐ Bachelor's ☐ Other: \_\_\_\_\_

16. Field(s) of study required for the position: \_\_\_\_\_

17. Is post-degree experience or training (including a completed postdoc) required for the position? ☐ Yes ☐ No

18.If yes, what is the number of years of post-degree experience or training that is required for the position (NOT the applicant's actual years of post-degree experience/training):

< 1 year    1-2 years    2-3 years    3-4 years    4-5 years    5-6 years    Other: Please specify \_\_\_\_\_

19.If the position requires post-degree experience or training, please describe the type of experience or training required: (ex: a completed postdoc)  
\_\_\_\_\_

20.Special requirements – list any additional specific skills, licenses/certifications, and requirements for the position (ex: language skills, board certifications required, etc): \_\_\_\_\_  
\_\_\_\_\_

*We hereby certify that this department supports the request to sponsor the above-mentioned individual as an O-1A employee.*

**Department Contact:** (person who filled out this form and who will be responsible for updating OISSS of any changes to the applicant's employment)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair or Principal Investigator Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Hospitals Only:**

Employing Hospital: \_\_\_\_\_ Employing Hospital Identification Number(EIN): \_\_\_\_\_

Hospital Approver Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### Filing Fees:

The fees associated with an **O-1A** filing can include:

**\$530** for the I-129 processing fee (must be paid by the department or sponsoring hospital)

**\$2,805** if requesting premium processing to have USCIS respond within 15 days

**\$470** if applicant has dependents in the U.S. who need to change or extend their status

#### Brown Internal Billing

ISSS will pay these fees using a Purchasing Card and will either charge the Purchasing Card transaction directly to your department or will reclassify the expense from OISSS to your department through a journal entry using the Worktag information you provide here:

Business Unit: \_\_\_\_\_

☐ Cost Center / ☐ Grant: \_\_\_\_\_

Expense purpose code: \_\_\_\_\_

Fund: \_\_\_\_\_

Optional Worktag(s): \_\_\_\_\_

Please check the boxes of the fees for which your department/lab/center/institute/school is authorizing payment. Please note that the filing and anti-fraud fees are required to be paid by the employer. The Premium Processing fee can only be paid by the beneficiary in restricted circumstances.

☐ \$530 Filing fee

☐ \$2,805 Premium Processing fee

☐ \$470 I-539 application fee for dependents

#### External Billing for Affiliated Entities

ISSS will pay these fees using a Purchasing Card and will invoice your organization using the Billing information you provide here:

Organization: \_\_\_\_\_

☐ Cost Center / ☐ Grant: \_\_\_\_\_

Optional Codes: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please check the boxes of the fees for which your organization is authorizing payment. Please note that the filing and anti-fraud fees are required to be paid by the employer. The Premium Processing fee can only be paid by the beneficiary in restricted circumstances.

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