



BROWN

Office of International Student & Scholar Services

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

These Request Forms are used to request that the OISSS file an O-1 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-1 petition. After the OISSS completes the initial screening we will be in touch with any questions.

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

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-1: Start Date: _____ End Date: _____

8. Salary as of Start Date on O-1 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-1 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 InvestigatorName: _____

Signature: _____ Date: _____

Hospitals Only:

Employing Hospital: _____ Employing Hospital Identification Number(EIN): _____

Hospital Approver Name: _____ Title: _____

Signature: _____ Date: _____