



# Scholar & Employee Clearance Form

BU ID#: \_\_\_\_\_

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

International Students & Scholars Office	888 Commonwealth Avenue, Second Floor	Boston, Massachusetts
Telephone: (617) 353-3565	isso@bu.edu	www.bu.edu/isso
		Fax: (617) 358-1170

Names		Personal Information	
Family Name(s):		Date of Birth (Month/Day/Year):	
Given Name(s):		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
		Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married

Passport Information		Permanent Foreign Address	
		*This is your home address in your country of legal permanent residence.	
Country of Citizenship:		Address Line 1:	
Country of Permanent Residence:		Address Line 2:	
City of Birth:		City:	State or Province:
Country of Birth:		Zip Code:	Country:

Contact Information		Local Address	
		*This is your current address in the Boston area. <u>Do not</u> enter the address of your academic department or lab.	
Home Country Phone:		Address Line 1:	
Non-BU Email Address:		Address Line 2:	
U.S. Home Phone #:		City:	
U.S. Cell Phone #:		State:	
BU Email Address:		Zip Code:	

Emergency Contact Information		BU Host Department Information	
*Please provide the name of a family member that we contact in the event of an emergency.			
Contact Name:		BU School / College:	
Contact Relationship:		Dept.:	
Contact Phone:		Host / Supervisor:	
Contact Email Address:		Dept. Administrator:	

For ISSO Use Only			
<input type="checkbox"/> J-1:	<input type="checkbox"/> New – Orientation on: ___ / ___ / ___ <input type="checkbox"/> Extension	<b>NOTES:</b>	
<input type="checkbox"/> H-1B:	<input type="checkbox"/> New <input type="checkbox"/> Extension <input type="checkbox"/> Receipt – 240 Days <input type="checkbox"/> Portability <input type="checkbox"/> Concurrent <input type="checkbox"/> Approval Notice		
<input type="checkbox"/> OTH:			
<b>UIS Profile:</b>	Start: ___ / ___ / ___      Start: UPDATE End: ___ / ___ / ___      End: ___ / ___ / ___	<b>ISSO FOLLOW-UP:</b>	
<b>I-9:</b>	Start: ___ / ___ / ___      Start: UPDATE      N/A End: ___ / ___ / ___      End: ___ / ___ / ___		
I-9 signed on: ___ / ___ / ___      By: _____ (initials)		<input type="checkbox"/> UIS Update <input type="checkbox"/> UIS Check-In: ___ / ___ / ___ <input type="checkbox"/> DB Update <input type="checkbox"/> PAF Update <input type="checkbox"/> I-9 Email <input type="checkbox"/> Check-In Email / Extension Email <input type="checkbox"/> Transfer In – Event suppression needed	



## Acknowledgement of Responsibility for Maintenance of Lawful Nonimmigrant Status

*Scholars Sponsored by Boston University in J-1, H-1B, O-1, TN or other status*

Please read this acknowledgement carefully. Your signature below indicates that you understand the following:

- Maintenance of Lawful Nonimmigrant Status:** I understand that federal regulations require all international scholars to maintain lawful immigration status while in the U.S. I am responsible for properly complying with all laws and regulations governing my status. The Board of Trustees of Boston University, its faculty, staff, agents and employees are not liable to me for any difficulties I may experience as a result of any failure to maintain lawful nonimmigrant status.
- Role of the Staff of the International Students and Scholars Office (ISSO):** I understand that it is the responsibility of the ISSO staff to provide, within reason, the information, counseling, advice, and assistance I need to maintain my lawful immigration status. While ISSO staff, in consultation with the Office of the General Counsel, provides a high level of professional assistance, I understand that staff members are neither employees of the Department of Homeland Security (DHS) nor attorneys specializing in immigration law. I have the right to consult with an immigration officer and/or an attorney specializing in immigration law at any time, and the ISSO staff will be pleased to provide me with information that will make such contacts possible.
- Informational Resources Available:** I understand that it is my responsibility to utilize the informational resources provided to me by the ISSO to learn about the rights of my lawful immigration status. Such resources include written and electronic advisories, on-line resources provided at [www.bu.edu/isso](http://www.bu.edu/isso) and the availability of individual advising appointments with an ISSO staff member.

*For J-1 & H-1B ONLY:* I have received (electronically) a document outlining my immigration rights and responsibilities and I agree to read this document in detail and refer to it and/or request clarification from the ISSO, as needed, throughout my employment or appointment at Boston University:

- *Immigration Rights and Responsibilities of Scholars in J-1 "Exchange Visitor" Status*
- *Immigration Rights and Responsibilities of Scholars in H-1B Status*

- Change of Activity or Employment:** I understand that it is my responsibility to contact the staff of the ISSO to inform them of any proposed changes to my J-1 research, teaching or academic activities, or any proposed changes to my H-1B, J-1, TN, O-1 or other employment (including change in salary, duties, location, hours, supervisory responsibilities, leaves of absence, etc.) Such notification to the ISSO must occur well **before** the effective date of the proposed changes so that the ISSO can determine if amendments are required to the immigration authorization before the proposed changes can commence.

**Verification of Understanding:** By my signature below, I verify that I have read this form and understand its contents. Since it is my responsibility to maintain my lawful nonimmigrant status, I hereby release the Board of Trustees of Boston University and its faculty, staff, agents, and employees from any claim that could result from failure to maintain lawful nonimmigrant status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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International Students & Scholars Office

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