



**DEPARTMENT REQUEST FOR O-1 VISA EXTENSION ON BEHALF OF
A FOREIGN NATIONAL OF "EXTRAORDINARY ABILITY"**

PROCESSING INFORMATION

This application form will be accepted for processing only if it is fully completed with all attachments and authorized signatures. Questions may be addressed by appointment with the Office of International Health Affairs 617-636-0943.

PROCESSING FEES

(Please note that a separate check is required for each applicable fee.)

- A fee for Six Hundred (\$600) US Dollars must accompany this application (*please makes checks payable to Tufts International Affairs*).
- An additional United States Department of Homeland Security (USDHS) fee for One Hundred Ninety (\$320) US Dollars must accompany this application for I-129 processing. (Make check payable to "U.S. Department of Homeland Security." **PLEASE DO NOT ABBREVIATE!!!**).
- An additional United States Department of Homeland Security fee for Two Hundred (\$300) US Dollars for dependant I-539 processing (*if applicable*) must accompany this application. (Make check payable to "U.S. Department of Homeland Security." **PLEASE DO NOT ABBREVIATE!!!**).
- You may choose to expedite the application for an additional United States Department of Homeland Security fee of \$1000. This check should be included with the application and guarantees processing time of 15 business days, once the application has been received by the USDHS.

DOCUMENTATION CHECK-LIST

- ___ Completed O-1 Application form dated and signed by appropriate, authorized officials.
- ___ All applicable processing fees.
- ___ Up-to-Date Curriculum Vitae including the candidate's current occupation status.
- ___ Original of latest pay check stub to attest that you are currently working and being paid by your employer.
- ___ Original Letter of Support from Supervisor (see outline at the end of this document).
- ___ Original Letter of Appointment from Dean/President (see outline at the end of this document).
- ___ Photocopies of current passport biography pages (must be valid at least six (6) months beyond the start date of the requested appointment period).
- ___ Copies of all prior O-1 approval notices and respective visa stamps.
- ___ I-94 cards of foreign national and dependant(s).
- ___ I-539 Form for dependant(s) and all supporting documentation (if applicable).
Note: Form I-539 is completed by the dependant applicant only.

POSITION INFORMATION

Hiring Institution (Please Check One):

Mailing Address:
136 Harrison Avenue
Boston, Massachusetts
Telephone 617 636-0354
Facsimile 617 636-0356

Physical Address:
200 Harrison Avenue, 3rd Floor
Boston, Massachusetts
02111-1901

- Tufts University School of Medicine
 Tufts University School of Dental Medicine
 Tufts University – Sackler School

- Tufts Medical Center
 Caritas-St. Elizabeth's Medical Center
 Other Affiliated Institution (please specify): _____

Hiring Department _____

Specific Employment Location _____

Telephone Number _____

Job Title (Please Specify): _____

Non-technical Description of Services to be Performed:

Extended Dates of Employment (ONE YEAR ONLY) :

From: _____ To: _____
 (MM/DD/YY) (MM/DD/YY)

Is Job Full-Time? Yes No (If no, please specify number of hours per week): _____

Salary: \$ _____ Per (Please Check One): Week Month Year

Paycheck To Be Issued By: _____

CANDIDATE INFORMATION

Family Name of Exchange Visitor _____ First Name _____ Middle Name _____

Gender (circle one): Male Female _____ Marital Status (circle one): Single Married _____

Social Security Number: _____ - _____ - _____ Additional Dependents (circle one): No Yes _____

Date of Birth (_____ Place of Birth (City, Province, Country) _____

Home Country Address (required) _____

Country of Legal Permanent Residence _____

Country of Citizenship _____

AUTHORIZATION INFORMATION

Signing this form confirms that: (1) I have read and agree to comply with all statements made on this entire form; (2) an official copy of the exchange visitor's transcripts and/or diploma of their highest degree is on file in the hiring department; and, (3) an official Mantoux negative test result dated within 90 days prior to appointment is on file in the hiring department.

Name & Telephone # of Person Completing Form (Please Print) _____ Date _____

Department Head _____ Date _____ Dean, President (or appropriate authorized official) _____ Date _____

All letters should be neatly typed on letterhead and addressed to:

**Adel Abu-moustafa, Ph.D.
Dean, International Affairs
Tufts University School of Medicine
136 Harrison Avenue
Boston, MA 02111**

LETTER OF SUPPORT

- Give a specific description of your research and the current needs of your department.
- State the individual's relevant background (i.e. education, experience, training etc.).
- Connect the individual's background with the job s/he will be performing in your department. Give the job title and a detailed description of what s/he will be doing. Emphasize that the job is a highly specialized occupation requiring a unique, specialized, and experienced individual.
- State that s/he is currently working in the department. Emphasize that his/her work/skills are still needed by the department and explain why.
- Must contain the signature and title of the employee's direct supervisor and the date of the letter.

APPOINTMENT LETTER

- Give the name and employment title of employee. State that s/he is currently working at the institution.
- Identify the hiring institution and specific department the employee will work within.
- Provide the specific dates of hire (not to exceed a period of one year).
- State whether the position is full- or part-time and the yearly salary the employee will receive.
- Must contain the signature and title of the head of the hiring institution (i.e., Dean of School or President of Hospital) and the date of the letter.