OMB No. 1615-0030; Expires 07/31/08

## I-612, Application for Waiver of the Foreign Residence Requirement [Under Section 212(e) of the INA, as Amended]

Department of Homeland Security

U.S. Citizenship and Immigration Services

Action Block		Fee Stamp							
1. Name (Last in CAPS) First	Name (Last in CAPS)   First   Middle			<b>1a.</b> If you are a married woman, give your maiden name.					
1b. Include all other previously used names, including aliases, tribal names, etc.									
2. Mailing Address (Apt. No.) (Number and Street) (Town	or City)	(State or Provin	ce) (Country)	(Zip Co	de, if in U.S.)				
Present or last U.S. residence (Number and Street)	(City)		(State)	(Zip Co	de)				
3. Date of Birth (mm/dd/yyyy)     Place of Birth (City/Town, Province/State/Country)	Country of Citizen	ship/Nationality		st Foreign Residenc rovince/State/Count					
Alien Registration Number (A#), (if known)	Telephone Numbe	r (With area code	e) E-Mail Addres	E-Mail Address, if any					
<ul> <li>4. I believe I am subject to the foreign residence requirements because: (Check appropriate box(es)).</li> <li>A. I participated in an exchange program that was financed by an agency of the U.S. Government or the government of the country of my nationality or last foreign residence for the purpose of promoting international educational and cultural exchange.</li> <li>B. An agency of the Government of the United States or the government of the country of my nationality or last foreign residence gave me a grant (such as a Fullbright grant), stipend or allowance for the purpose of participation in an exchange program. Name of U.S. Government agency or foreign country:</li> <li>C. I became an exchange visitor after the U.S. Secretary of State designated the country of my nationality or last foreign residence as clearly requiring the services of persons with my specialized knowledge or skill.</li> <li>D. I entered the United States as, or my status was changed to that of, an exchange visitor on or after January 10, 1977 to participate in graduate medical education or training.</li> <li>5. I am applying for a waiver of the foreign residence requirement on the ground that: (Check appropriate box(es)).</li> <li>A. My departure from the United States would impose exceptional hardship on my U.S. citizen or lawful permanent resident spouse or child.</li> <li>B. I cannot return to the country of my nationality or last foreign residence because I would be subject to persecution on account of race,</li> </ul>									
religion or political opinion.         IMPORTANT ADVISORY: If you have checked "A" under Number 5, you must attach to this application a statement dated and signed by you giving a detailed explanation of the basis for your belief that compliance by you with the two-year foreign residence requirement of Section 212(e) of the Immigration and Nationality Act, as amended, would impose exceptional hardship on your spouse or child who is a citizen of the United States or a lawful permanent resident thereof. Without such statement your application is incomplete. You must include in the statement all pertinent information concerning the income and savings of yourself and your spouse. Attach also documentary evidence as may be available to support the allegations of hardship.         If you have checked "B" under Number 5, you must attach a statement dated and signed by you setting forth in detail the reason(s) you believe why you cannot return to the country of your nationality or last foreign residence because you would be subject to persecution on account of race, religion or political opinion. Attach also documentary evidence as may be available to support the allegations of persecution.         6. If married, check appropriate box(es):       (See Instructions, Number 4, Spouse of Applicant.)         A.       My spouse is included in this application.         B.       My spouse is filing a separate application for a waiver.									
Remarks		RECEIVEI	D TRANS. IN	RET'D TRANS. OUT	COMPLETED				

<b>7.</b> List all program numbers and names of <i>all</i> program numbers and number	rogram sponsors.							
8. Major field of activity ( <i>Check one</i> )						9. Occupation		
(1) Agriculture	(4) Engineering		] ( <b>7</b> ) N∉	tural and Physical Science	es			
(1) Agriculture (2) Business Administration	(4) Engineering (7) Natural and Physical Sciences (8) Social Sciences			05				
(3) Education	(c)         (c)           (d)         Medicine           (e)         (f)							
<b>10.</b> Date and port of last arrival in the United S	tates as a participant in a de	signated exc	hange pro	ogram.				
<b>11.</b> If you are now abroad, give date of departu	re from United States.		12. Nu	mber of prior marriages of	f applicant			
			If ma	If married, number of prior marriages of applicant's spouse				
13. Name of Spouse	Date and Country of Birth		1	Nationality/Citizenship	(	Country of Last Foreign Residence		
14. Names of Children	Date and Country of Birth			Nationality/Citizenship		Country of Last Foreign Residence		
15. If you checked "A" under Number 5 on Page 1 of this form, provide the following information concerning your spouse or one of your children who is a citizen of the United States and who you believe would suffer exceptional hardship if you resided outside the United States for two years following your departure from this country.								
If the U.S. citizenship of spouse or child was acquired through naturalization, give the following:         Name of U.S. citizen spouse or child:       U.S. citizenship of spouse or child was acquired through (check one)								
Birth in the United States       Naturalization       Parent(s)								
Number of Naturalization Certificate	Number of Naturalization Certificate     Date of Naturalization     Place of Naturalization							
If the U.S. citizenship of spouse or child was acquired through parent(s), has the spouse or child obtained a Certificate of Citizenship?								
If so, give the number of the certificate		If not,	submit e	vidence in accordance wit	h Instructio	n 6(a) (2), Supporting Documents.		
16. If you checked "A" under Number 5 on Page 1 of this form and you do not have a spouse or child who is a citizen of the United States, provide the following information concerning your spouse or one of your children who is a lawful permanent resident of the United States and who you believe would suffer exceptional hardship if you resided outside the United States for two years following your departure from this country.								
Name of lawful resident alien spouse or child:				Alien Registration Number (A#)				
Date, place and means of admission for lawful permanent residence:								
17. APPLICANT'S CERTIFICATION: I ce	ertify, under penalty of perju	ary under the	e laws of t	he United States of Ameri	ica, that the	foregoing is true and correct.		
Executed on								
(Date)		(Place)	(Signature of applicant)					
SIGNATURE OF PERSON PREPARING For applicant and is based on all information of whi	ORM, IF OTHER THAN ch I have any knowledge:	APPLICAN	T: I decl	are that this document was	s prepared t	by me at the request of the		
(Signature)		(	)	(Date)		(Occupation)		
(Address of person preparing form, if other than applicant)			(Tel	ephone Number)		(E-Mail Address, if any)		