

# 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

<b>Action Block</b>	<b>Fee Stamp</b>
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1. Name (Last in CAPS)	First	Middle	1a. If you are a married woman, give your maiden name.
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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 Province)	(Country)	(Zip Code, if in U.S.)
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Present or last U.S. residence	(Number and Street)	(City)	(State)	(Zip Code)
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3. Date of Birth (mm/dd/yyyy)	Place of Birth (City/Town, Province/State/Country)	Country of Citizenship/Nationality	Country of Last Foreign Residence (City/Town, Province/State/Country)
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Alien Registration Number (A#), (if known)	Telephone Number (With area code)	E-Mail Address, if any
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4. I believe I am subject to the foreign residence requirement because: (Check appropriate box(es)).

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.

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 Fulbright grant), stipend or allowance for the purpose of participation in an exchange program. Name of U.S. Government agency or foreign country: \_\_\_\_\_

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.

D.  I entered the United States as, or my status was changed to, an exchange visitor on or after January 10, 1977, to participate in graduate medical education or training.

5. I am applying for a waiver of the foreign residence requirement on the ground that: (Check appropriate box(es)).

A.  My departure from the United States would impose exceptional hardship on my U.S. citizen or lawful permanent resident spouse or child.

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, 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 Page 2 of the Instructions)

A.  My spouse is included in this application.      B.  My spouse is filing a separate application for a waiver.

<b>Remarks</b>	RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED

7. List all program numbers and names of *all* program sponsors.

8. Major field of activity (*Check one*)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> (1) Agriculture             | <input type="checkbox"/> (4) Engineering | <input type="checkbox"/> (7) Natural and Physical Sciences |
| <input type="checkbox"/> (2) Business Administration | <input type="checkbox"/> (5) Humanities  | <input type="checkbox"/> (8) Social Sciences               |
| <input type="checkbox"/> (3) Education               | <input type="checkbox"/> (6) Medicine    | <input type="checkbox"/> (9) Other                         |

9. Occupation

10. Date and port of last arrival in the United States as a participant in a designated exchange program.

11. If you are now abroad, give date of departure from United States.

12. Number of prior marriages of applicant \_\_\_\_\_

If married, number of prior marriages of applicant's spouse \_\_\_\_\_

13. Name of Spouse

Date and Country of Birth

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.

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)

If the U.S. citizenship of spouse or child was acquired through naturalization, give the following:

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 yes, give the number of the certificate \_\_\_\_\_ If no, submit evidence in accordance with Page 2 of the Instructions.

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 certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Executed on \_\_\_\_\_

(Date)

(Place)

(Signature of applicant)

**SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge:

(Signature)

(Date)

(Occupation)

(Address of person preparing form, if other than applicant)

(Telephone Number)

(E-Mail Address, if any)