

Visa Request Form (J-1 and H-1B)

NYU reserves visa assistance for academic (i.e., teaching and research) appointments only, both short and long-term. Visa assistance is not provided for support and technical staff and administrative positions. Please complete this form to request a visa or visa extension and route for the appropriate approvals below. Please contact Faculty Services to discuss appropriate visa prior to completing this form.

Today's Date: _____

Visa Request:

New Request Extension Transfer

Department name: _____

Visa Type:

J-1 H-1B TN

Name of Applicant: _____

Tenured or Tenure Track: (If yes, J-1 is not permissible.)

Yes No

Applicant's Title: _____

Salary: _____

Full Time
 Part Time

Visa Start & EndDate: _____

Costs

(1) **J-1:** Scholar pays SEVIS fee, not the department. The scholar must meet NYU financial support requirements. Please contact Human Resources & Faculty Services to determine the amount the scholar must show to obtain sponsorship.

(2) **H-1B:**

- I-129 Petition \$460 paid by the department or applicant. If applicant pays, the payment cannot drop his or her salary below the prevailing wage.
- Anti-Fraud Fee \$500 paid by Human Resources & Faculty Services (Not Required for Extension)
- I-539 Change of Status or Extension for Dependents is \$370 paid by the department or applicant
- Biometric Services Fee \$85 for applicants and co-applicants paid by Human Resources and Faculty Services
- Premium Processing Fee \$1,440. Premium processing ensures a decision is made within 15 days from the date the petition is received. Please contact Human Resources & Faculty Services to see whether this fee is necessary.

Total Cost: _____

Chart field to be charged: _____ / _____ / _____ / _____ / _____
Account Fund Organization Program Project

AUTHORIZATION

1. Signature of Department Chair _____ Date _____
2. Signature of Assistant Dean, Human Resources & Faculty Services _____ Date _____
3. Signature of Assistant Dean, Finance & Business Operations _____ Date _____
4. Signature of Vice Dean, Research and Faculty Affairs _____ Date _____
5. Signature of Executive Vice Dean for Administration, Finance, Clinical & Student Services *(Required if there is any financial impact for this request)* _____ Date _____