



H-1B Beneficiary/Scholar: Intake Form

Complete this form and submit it along with a copy of your passport to the University of Colorado sponsoring department staff assisting you with the H-1B Specialty Occupation request process.

H-1B Scholar's Information (HCM Record & Add New Person E-Form in MyISSS Portal)

Full Name from Machine-Readable Zone of the Passport:

First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth (MM/ DD/ YYYY): _____

Gender: Female Male

Birth City: _____ Birth Country: _____

Country of Citizenship: _____

Country of Permanent Residence: _____

Mailing Address:

Street Address	Apartment/Unit #	City	State/Province	Country	Zip Code
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Non-U.S. International Home Address (if different than Mailing Address):

Street Address	Apartment/Unit #	City	State/Province	Country	Zip Code
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Preferred Phone Number: _____ Phone Type: _____
(e.g., Cell, Home, Business/Work)

Preferred Email: _____ Preferred Email Type: _____
(e.g., School, Home, Business/Work)

Highest Educational Level Completed: _____
(e.g., Associates, Bachelor's, Master's, PhD)

If applicable, provide your Social Security Number (SSN) to your host department in a secure manner.

Are you already affiliated with the University of Colorado (CU) system (e.g., previous student or scholar on any CU campus)?

No

Yes—CUID: _____

Employee ID
Institutional University ID
in MyISSS Portal

Student ID

Identikit

Operator ID/OPR ID (e.g., AAAA111222)
Network ID in MyISSS Portal

Optional Information

Additional Contact Information

Phone Number: _____ Phone Type: _____
(e.g., Cell, Home, Business)

Email: _____ Email Type: _____
(e.g., School, Home, Business)

Marital Status: _____ Military Status: _____ Ethnic Group: _____

Additional Information

Are you currently outside the U.S.?

Yes
 No—I am inside the U.S. in the following visa status: _____

The status or program ends on the following date (MM/DD/YYYY): _____

Contact your [ISSS department advisor](#) with questions.

Notes/Questions