

Department Request for O-1 Petition

O Visa--Individuals of Extraordinary Ability

The O-1 visa category is reserved for individuals of "extraordinary ability" in the sciences, arts, or education. MCG would usually file O-1 visa petitions only for faculty and research scholars. WARNING: This visa requires considerable effort on the part of the applicant/employee. This process cannot be taken lightly. It takes a typical applicant 1-2 months to gather the information required to meet the criteria. This is not an appropriate visa for postdoctoral fellows or others who are still junior in their field of study. Deciding whether an applicant/employee qualifies for the O visa is often difficult. Therefore, when you submit this Request Form, please schedule an appointment to discuss the application with the Director of IPSO by calling 1-0670.

Characteristics of the O visa:

- The O-1 visa may be valid for an initial period of three years and may be extended indefinitely in one-year increments.
- Dependents of the O-1 visa holder are classified in O-3 status and are not eligible for employment
- J-1 visa holders may be able to obtain the O-1 visa even if they are subject to the two-year home residency requirement. The requirement is not waived but postponed for the time the individual holds O-1 status.
- Employer must pay for the cost of return fare home if O-1 employee is terminated before the end of the authorized stay.

O Visa Eligibility Requirements:

An O-1 visa petition must demonstrate the applicant's "ability" through the eligibility requirements described below. To qualify as an individual of extraordinary ability there must be evidence of the applicant's having received a major internationally recognized award (Nobel Prize) or at least three of the following:

- Receipt of lesser nationally or internationally recognized prizes or awards for excellence in the field.
- Membership in associations in the field that require outstanding achievements of their members, as judged by recognized experts in the field.
- Evidence of authorship of scholarly articles in the field, in professional journals, or other major media.
- Published material in professional or major trade publications or major media about applicant's work.
- Evidence of participation on a panel, or individually, as the judge of the work of others in the field.
- Evidence in the form of letters and affidavits from prominent colleagues who can confirm applicant's original scientific or scholarly contributions of major significance to the field.
- Evidence of employment in a critical or essential capacity for organizations and establishments that have a distinguished reputation.
- Evidence of commanding a high salary or other compensation for services. (This category does not usually apply to academic positions).

Consultative Opinion – An opinion must be obtained from an appropriate peer group, labor organization, or management organization in the area of the applicant’s ability. If no such organization exists, a letter stating this must be submitted.

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This form should be completed by the MCG department that wishes to use the services of the International and Postdoctoral Services Office (IPSO) to hire a nonimmigrant worker of extraordinary ability. After completing this form, please fax it to IPSO at 9517 and schedule an appointment by calling 1-0670. Refer to the O-1 Checklist if you have questions about completing this form.

Name of employee _____
Family First Middle

I. Biographical Information

Phone: _____ Email: _____ Fax: _____

Date of birth: _____ Male _____ Female _____ Home Country _____
Month/Day/Year

Social Security # (if any): _____ Currently in U.S.: yes no

Current Visa type: _____ ECFMG J-1 visa Yes or No _____

Subject to 212(e) yes or no _____ Waiver of 212(e) already submitted yes or no _____

This application is for: _____ initial MCG O-1 petition _____ extend previous MCG petition

Number of Dependents in the U.S.: _____ Highest Degree Received: _____

Primary Field of study: _____ School Name: _____

II. Employment Information

Department Name: _____ Job Title: _____

Supervisor Name: _____ email: _____ phone:

Administrative Contact Name: _____ phone:

Hours per week: _____ Monthly Salary: _____ Eligible for MCG Benefits: *yes no*

Location where employee will be working: _____

Number of employees this position will supervise: _____

This position requires a state license or other certification: *yes no*

Detailed Description of Duties:

General (layman's) Description of Duties (6 words or less): _____

Summary of how this individual meets the criteria as a person of extraordinary ability in the sciences.

Requested beginning date for O-1 Status: _____
(Minimum of four months from today's date) Month/Day/Year

Requested ending date for O-1 Status: _____
(Maximum total time of three years) Month/Day/Year

Department Manager signature

Date

Department Chair signature

Department Chair Name

Date

III. Next Steps

Please refer back to the O-1 Checklist (on our website) for the O-1 Applicant Form.
Please forward the Applicant Form to the applicant/employee for completion and return to IPSO.