H-1B Electronic Filing Fee Coversheet

(G-1450 attached)

BENEFICIARY FAMILY NAME, First Name: _____
(i.e. WILDCAT, Willie)

Hiring Department: _____

Department Contact name for cardholder: _____

Phone: _____

Email: _____

Date sent to ISSS: _____

For Office Use:
Date Received by ISSS: _____

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International Student & Scholar Services

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