INFORMATION: The B-1/WB visa is the generally-used visa category for nonimmigrants who wish to come to the United States to engage in temporary commercial, business, or professional activities, which are related to their employment or business abroad, provided that the activity in the U.S. does not constitute “employment,” per the U.S. Department of State’s regulations. The B-1/WB visa category is appropriate for conventions, conferences, consultations, and other legitimate activities of a commercial or professional nature, according to INA §101(a)(15)(B).

INSTRUCTIONS: In order to help your department facilitate a B-1/WB visitor at the University of Illinois at Chicago, please reference the checklist below and follow the instructions for checking in with OIS:

B-1/WB DOCUMENT CHECKLIST & REQUIREMENTS:

A: Visitor Requirements:

[____] The international must have an institutional affiliation in his/her home country or country of permanent residence
[____] The international must have adequate finances & health insurance to support himself/herself for their duration of stay in U.S.
[____] The visitor must abide by the intent of his/her visit throughout their stay in the U.S.

B: Departmental Requirements Pt. 1: Obtain & forward the following documents to OIS prior to the international’s arrival:

[____] Copy of international’s current Curriculum Vitae or resume
[____] Copy of international’s passport biographic information page
[____] Copy of Invitation Letter (see attached sample/template for drafting purposes)
[____] If currently in the U.S., copy of international’s I-94 arrival/departure document (front & back)
[____] If currently in the U.S., copy of international’s entry visa (if any) ±

C. Departmental Requirements Pt. 2: Obtain & forward the following documents upon the international’s arrival at UIC:

[____] Completed B-1/WB Check-In Form
[____] Copy of international’s I-94 arrival/departure document (front & back)
[____] Copy of international’s entry visa (if any) ±

ADDITIONAL INFORMATION:
It should be noted that internationals from non-VWP countries will need to apply for visas at a U.S. Consulate or Embassy abroad, which can delay their entry to the U.S. Further, the rate of denials for the B-1 visa category is high; therefore, departments should use this visa category judiciously.

± Some internationals may not need/have entry visas, if their home country participates in the U.S. Department of State’s Visa Waiver Program (VWP). Please reference the below list of VWP countries, which is subject to change:

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<thead>
<tr>
<th>Andorra</th>
<th>Hungary</th>
<th>New Zealand</th>
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<td>Australia</td>
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<tr>
<td>Greece</td>
<td>The Netherlands</td>
<td>United Kingdom</td>
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</table>
Dear Mr./Ms./Dr. ______________:

We would like to invite you to ________________ (insert name of event/activity) in the Department of________ at the University of Illinois at Chicago (UIC) from MM/DD/YR to MM/DD/YR.

The purpose of your visit is to ______________________ (explain objectives of visit in detail, i.e. what are the daily tasks, events, etc. the international will be taking part in). Please note there will be no salary or compensation provided to you by the department or University for any services rendered during your stay in B-1/WB status.

More information about our department can be found on the following website: (insert departmental website address here).

We suggest that you enter the United States using the B-1 or WB non-immigrant visa category. The purpose of this activity meets the requirement outlined INA § 101 (a)(15)(B), as well as in the Department of State regulations cited in 9 FAM 41.31 N5. These provisions permit someone to enter the U.S. in B-1 or WB status for the purpose of attending or participating in temporary commercial, business or professional activities such as scientific, educational, professional or business conventions, conferences, or other legitimate activities of a commercial or professional nature.

If you have any questions, please do not hesitate to contact me.

Sincerely,

____________________________
Department Head
(Obtain original signature in blue ink)

____________________________
Department Administrator
(Obtain original signature in blue ink)

***Note that all departments within the College of Medicine will need to submit this letter for approval to the Dean’s Office, c/o of Marci Fanti, prior to extending a formal invitation***
Today’s Date ____ / ____ / ______

INFORMATION ABOUT YOU:
Name: ________________________________  ________________________________  ________________________________
(last) (first) (middle)
Date of birth: ____ / ____ / ______
Gender: □ Male □ Female
Country of birth: ____________________________  Country of citizenship: ____________________________
Foreign address: ____________________________  ____________________________  ____________________________
U.S. current residential address (number, street, apt. number, city/town, state, postal code):
 ____________________________  ____________________________  ____________________________
Cell phone: ____________________________  Other phone, if any: ____________________________
Email: ____________________________  ____________________________  ____________________________
Sponsoring Department: ____________________________  ____________________________  ____________________________
Department/ address (number, street, floor/room, city, state, postal code):
 ____________________________  ____________________________  ____________________________
Name supervisor: ____________________________  Supervisor’s phone number: ____________________________
Name of other department administrator contact: ____________________________  ____________________________

EMERGENCY CONTACT INFORMATION:
Name: ____________________________  Relationship to you: ____________________________
Phone Number: ____________________________  Address: ____________________________