

H-1B BENEFICIARY STATEMENT OF UNDERSTANDING REGARDING H-4 DEPENDENT APPLICATIONS

If a current or prospective H-1B beneficiary has family members (spouse/child) in the United States who require H-4 dependent status, the dependent family members must request a change of status to H-4 or an extension of H-4 status by submitting Form I-539 Application to Extend/Change Nonimmigrant Status to the US Citizenship and Immigration Services (USCIS), US Department of Homeland Security.

The I-539 application can be submitted either along with the employer's H-1B petition or separately from the employer's H-1B petition. As a courtesy service, the Medical University of South Carolina (MUSC) provides the *option* to submit the H-4 dependent's I-539 application along with the H-1B petition that will be submitted by MUSC for the H-1B beneficiary. H-1B beneficiaries who choose to take advantage of this option must sign this document and submit it to the MUSC Center for Global Health.

As an H-1B beneficiary of an H-1B petition to be filed by the Medical University of South Carolina, I understand and agree to the following:

- I am responsible for the USCIS I-539 Application to Extend/Change Nonimmigrant Status application in its entirety.
- The I-539 application for my H-4 dependents is not a petition sponsored by MUSC.
- MUSC cannot assist in the preparation of the Form I-539 or any other aspect of the H-4 dependent application.
- The option to submit the I-539 along with MUSC's H-1B petition is a courtesy service and does not indicate that MUSC is reviewing or endorsing the I-539 application.
- MUSC is not responsible for the outcome of the I-539 application with USCIS.
- Any information regarding the I-539 application or H-4 dependents provided on MUSC's website or MUSC's H-1B application portal is general information and does not constitute legal advice.
- If I need assistance with the I-539 application for my dependent family members, I must consult with an immigration attorney, and I am responsible for any fees and costs associated with these legal services.

H-1B Beneficiary Name	Signature	Date