REQUEST FOR APPROVAL FOR
LAWFUL PERMANENT RESIDENCE SPONSORSHIP
Faculty Only

EMPLOYEE'S NAME: _____
LAST NAME FIRST NAME

PANTHER ID:_____POSITION:_____

PERMANENT RESIDENCE FILING REQUESTED:
_____Labor Certification Processing (PERM)
_____Outstanding Researcher/Outstanding Professor (EB-1)

MINIMUM REQUIREMENTS DEGREE: _____
NOTE: ATTACH Proof of degree (Diploma and/or Transcript)
EXPERIENCE (# OF YEARS): _____
NOTE: ATTACH UPDATED C.V./RESUME

DEPARTMENT & COLLEGE: _____

FULL TIME EMPLOYMENT START DATE: _____

DATE EMPLOYEE MET 1YR EMPLOYMENT REQUIREMENT:_____

CURRENT IMMIGRATION STATUS: _____ VISA VALIDITY PERIOD: _____

DEPARTMENTAL ACCOUNT TO BE CHARGED
ATTORNEY AND PROCESSING FEES _____

The department certifies the following:

- The department requests approval for the University to initiate an application for lawful permanent residence for the above employee.
- The department accepts responsibility for all charges and fees associated with obtaining this status for its employee **(permanent).**
- The Department and Foreign National are not undertaking this filing solely to obtain permanent residence for a temporarily employed foreign faculty member.

Approvals:

DEPT CHAIR_____ **DATE** _____

DEAN_____ **DATE** _____

ACADEMIC AFFAIRS_____ **DATE** _____