

FACULTY RECRUITMENT DEPARTMENTAL SPONSORSHIP OF U.S. PERMANENT RESIDENCE

Name of Faculty/Scholar: _____
(Last Name) (First Name) (Middle Name)

Other Names Used: _____
(if applicable: preferred name; maiden name & names from previous marriages) UCSD Department: _____

Project Number: _____ Task Number: _____
(7 numeric Characters) (6-character max; generally, a single whole number)

*****POET(AF) information below will be used for billing cost of shipping petition to USCIS via FedEx*****

INFORMATION ABOUT THE POSITION

UCSD Title: _____ Step: _____

UCSD Start Date: _____ Annual Salary: _____

Highest level of education achieved relevant to the requested occupation?
 None High School Associate's Bachelor's Master's Doctorate Other: _____

Major field of study: _____ Year relevant education completed: _____

Institution where relevant education was received: _____

Address of conferring institution: _____

Phone number of conferring institution: _____

INFORMATION ABOUT THE SCHOLAR

Work Phone Number: () - _____ Personal Phone Number: () - _____

Email Address: _____

BREAKDOWN OF FEES

Description of Fee	Payment Type	Amount	Responsible Party
ISEO Labor Certification Processing Fee	Recharge	\$3,000	<input type="checkbox"/> UC Funds
ISEO I-140 Immigrant Petition (Labor Certification) Processing Fee	Recharge	\$3,000	<input type="checkbox"/> Faculty/Scholar <input type="checkbox"/> UC Funds
USCIS I-140 Immigrant Petition Processing Fee	Check	\$700	<input type="checkbox"/> Faculty/Scholar <input type="checkbox"/> UC Funds
USCIS Premium Processing for I-140 (Optional)	Check	\$2,805	<input type="checkbox"/> Faculty/Scholar <input type="checkbox"/> UC Funds <input type="checkbox"/> N/A
Mailing Expenses	Recharge	\$60 approximately	<input type="checkbox"/> UC Funds (index noted on this form)

DEPARTMENT AUTHORIZATION AND SPONSORSHIP

The **department** certifies the following:

- The department and Faculty/Scholar intend that the Faculty/Scholar will remain indefinitely in the UCSD position.
- The department contact will assemble all required documentation, follow instructions as provided by the International Services and Engagement Office, and generally follow through on the permanent residence process to completion.
- The department and/or Faculty/Scholar will pay any expenses associated with this application, including mailing expenses, filing fees, etc.

Supervisor: _____
(Typed/Printed Name) (Signature) (Date)

Dept. Chair: _____
(Typed/Printed Name) (Signature) (Date)

Department Contact: _____
(Typed/Printed Name) (Email) (Mail Code)