

# REQUEST FOR UAF SUPPORT OF PERMANENT RESIDENCY PETITION

## SECTION 1: Proposed Beneficiary Information

Beneficiary Name (Last or Family) (First) (Middle) Gender: M\_\_ F\_\_

Present Address (Street) (City) (Country)

Home Country Residence Address (Street) (City) (Country)

Birth date (MM/DD/YY) Birth Country Country of Permanent Residence Citizenship Country UA Employee ID

Applicant's Present Immigration Status: Status start date: / / End date: / /

Has applicant previously been in the United States in a different immigration status? Yes \_\_\_ No \_\_\_  
If yes: Provide a listing of all U.S. entries in other than B1/B2 Business/Tourist. Include type of visa used for entry and the start and end dates of presence in that category. Note: If previous entries include J-1 or J-2 status, indicate if section 212E (2-year homestay) is required and if it has been met. (attach to form)

Proposed Attorney Information:

Firm Name:

Attorney Name:

Address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Beneficiary/UAF Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 2: Information about the Beneficiary's Appointment with the University

University Position Title: Department or Division:

**Departmental Contact:** (Person to be contacted for further information.)

**Name:**

**Phone:**

**Campus Address:**

**Fax:**

**Email:**

The sponsoring department will \_\_\_ will not \_\_\_ provide funding in support of this application.

**NOTE: Employers are required to pay all costs associated with U.S. Dept. of Labor labor certification if labor certification is required. Under current regulations these are limited to attorney fees.**

If funding: I-140 filing fee Yes / No; I-485 adjustment of status fee Yes / No; Legal fees (Amt) \_\_\_\_\_

Approval Date: \_\_\_\_\_

Approval Signature of Department Chair

Print Name of Department Chair:

The sponsoring school/college/institute will \_\_\_ will not \_\_\_ provide funding in support of this application.

**NOTE: Employers are required to pay all costs associated with U.S. Dept. of Labor labor certification if labor certification is required. Under current regulations these are limited to attorney fees.**

If funding: I-140 filing fee Yes / No; I-485 adjustment of status fee Yes / No; Legal fees (Amt) \_\_\_\_\_

Approval Date: \_\_\_\_\_

Approval Signature of Dean or Director

Print Name of Dean or Director:

Comments:

Forward to OIP with requested documentation for Provost approval.

Provost Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_

UAF Office of International Programs Receipt date: \_\_\_\_\_

G-28 required: Yes \_\_\_ No \_\_\_ Date prepared: \_\_\_\_\_ Forwarding Date: \_\_\_\_\_

Date forwarded to UAF HR: \_\_\_\_\_ SWHR: \_\_\_\_\_ SW General Counsel: \_\_\_\_\_ By: \_\_\_\_\_

College/School and Dept. or Institute: \_\_\_\_\_ By: \_\_\_\_\_