



' ( 3 \$ 5 7 0 ( 1 7 PERMANENT  
RESIDENCE

NATIONAL INTEREST WAIVER

OUTSTANDING RESEARCHER OR PROFESSOR

PERSON OF EXTRAORDINARY ABILITY

DEPARTMENT CHECKLIST & QUESTIONNAIRE  
(FY 2020)

Complete ONSCREEN & Submit ELECTRONICALLY  
NO HANDWRITTEN REQUESTS WILL BE PROCESSED.  
THANK YOU FOR YOUR COOPERATION!

TTUHSC Institutional Compliance  
Immigration Compliance & Services  
3601 H Street, MS 8165  
Lubbock, TX 79430  
Phone: (806) 749-4949  
Email: [ICS@ttuhsc.edu](mailto:ICS@ttuhsc.edu)



DEPARTMENT REQUEST FOR PERMANENT RESIDENCE FILING

NAME OF DEPARTMENT/SCHOOL: \_\_\_\_\_

NAME OF FOREIGN EMPLOYEE: \_\_\_\_\_

DEPARTMENT FOAP FOR FEDEX BILLING: \_\_\_\_\_

TYPE OF PERMANENT RESIDENCE FILING REQUESTED:

\_\_\_ OUTSTANDING RESEARCHER/OUTSTANDING PROFESSOR

\_\_\_ PERSON OF EXTRAORDINARY ABILITY

\_\_\_ NATIONAL INTEREST WAIVER (NIW)

DEPARTMENT CERTIFICATION
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THE DEPARTMENT/SCHOOL ATTESTS THE FOLLOWING:

1.

DEPARTMENT QUESTIONNAIRE

Department Name:	
Department Contact:	Name: _____ Phone: _____ Email Address: _____
Foreign Employee Name:	Last Name: _____ First Name: _____ Middle Name: _____
Country of Citizenship:	
Country of Birth:	
Job Title:	
Academic Degree Required for Position: (degree level and area(s) of study)	
Minimum Years of Experience Required for Position:	
Brief, Non-Technical Description of Duties:	

Worksite Name Address & P.O. Box Number:

Worksite: .