'(3\$570(17 PERMANENT RESIDENCE

NATIONAL INTEREST WAIVER

OUTSTANDING RESEARCHER OR PROFESSOR

PERSON OF EXTRAORDINARY ABILITY

DEPARTMENT CHECKLIST & QU ESTIONNAIRE (FY 2020)

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

> TTUHSOnstitutional Compliance Immigration Ompliance & Services 3601 4 Street, MS 8165 Lubbock, TX 79430 Phone: (806) 749499 Email: ICS@ttuhsc.edu

DEPARTMENT REQUEST FOR PERMANENT RESIDENCE PETITION

CHECKLIST:

- ____ Complete Questionnaire
- ____ Copy department offer letter with proof of acceptance or employment agreement
- ____ Check for USCIS filing fee. See curter filing fee on the ICS website https://www.ttuhsc.edu/compliance/

Check must be sent directly to ICS.

See CS Filing Fee Guidandettas://www.ttuhsc.edu/compliton.ce/rrect USCIS filing fee and Payment Services' process for requesting immigration checks.

Depeding on the foreign employee's country of citizenship or nationality, there may be a delay before the Employee can apply for a permanent residence ('green card"). In those situations, TTUHSC will continue the current work visa status to ensure uninterrupted employment. Employees so affected sor2 (f)2 (f)12 (ss-/.

DEPARTMENT REQUEST FROM ANENT RESIDENCE FILING

NAME OF DEPARTMENT/SCHOOL: _____

NAME OF FOREIGN EMPLOYEE: _____

DEPARTMENT FOAP FOR FEDEX BILLING: _____

TYPE **Ø** PERMANENT RESIDENCE FILING REQUESTED:

- ____ OUSTANDING RESEARCHER/OUTSTANDING PROFESSOR
- ____ PERSON OF EXTRAORDINARY ABILITY
- ____ NATIONAL INTEREST WAIVER (NIW)

DEPARTMENT CERTIFICATION

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, Nonechnical Description of Duties:	

WorksiteName,Address & P.O. Box Number:

Worksite: .