

DEPARTMENTAL SPONSORSHIP OF U.S. PERMANENT RESIDENCE: OUTSTANDING RESEARCHER

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

Name of UCSD Department: _____

INFORMATION ABOUT THE POSITION

UCSD Title: _____ Step: _____

Start Date: _____ Annual Salary: _____ %Full-time: _____

Does scholar have 3 or more years of full-time teaching/research experience past terminal degree? Yes No

Has a national recruitment for this position taken place? Yes No

INFORMATION ABOUT THE SCHOLAR

City/Town/Village of birth: _____ State/Province of birth: _____

Country of citizenship: _____ Country of birth: _____

Male: Female: Is scholar currently in the U.S.? Yes No If yes, current visa classification? _____

Is the scholar currently employed by UCSD? Yes No

Current Address: _____

Email: _____ Phone Number: _____ - _____ - _____

SECTION 2: DEPENDENTS INFORMATION

Name of Dependent	Date of birth	Country of birth

AUTHORIZATION FROM THE DEPARTMENT

The department certifies the following:

- The department and scholar intend that the scholar will remain indefinitely in the UCSD position.
- The department contact will assemble all required documentation, follow instructions as provided by the International Center, and generally follow through on the permanent residence process to completion.
- The department and/or international 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)
(telephone)
(mail code)

Index (Budget) #: _____