

DEPARTMENTAL SPONSORSHIP OF U.S. PERMANENT RESIDENCE: FACULTY RECRUITMENT

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

Current Address: _____

Phone Number: _____ - _____ - _____ Email Address: _____

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

Country of citizenship: _____ Country of birth: _____

Date of birth: _____ Class of admission: _____

Registration number (A#): _____ Admission number (I-94): _____

Education: highest level achieved relevant to the requested occupation:

None High School Associate's Bachelor's Master's Doctorate Other _____

If Other indicated above, specify: _____ Specify major field of study: _____

Year relevant education completed: _____

Institution where relevant education was received: _____

Address of conferring institution (Must provide street address and 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) #: _____