

DEPARTMENTAL SPONSORSHIP OF U.S. PERMANENT RESIDENCE OR O-1 EXTRAORDINARY ABILITY USING OUTSIDE ATTORNEY

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

Type of petition being sponsored: _____

INFORMATION ABOUT THE SCHOLAR

Name of scholar: _____
(Last Name) (First Name) (Middle Name)

Scholar date of birth: _____ Scholar country of birth: _____
(MM/DD/YY)

Scholar Email: _____

AUTHORIZATION FROM THE DEPARTMENT

The department certifies the following:

- The department and scholar intend that the scholar will remain indefinitely in the UCSD position (if this is an Outstanding Researcher petition)
- The department will pay all outside attorney fees (flat rates established with UCOP in existing retention agreement) and a \$100 IFSO oversight fee by providing an index number

Supervisor: _____
(Typed/Printed name) (Signature) (Date)

Dept. Chair: _____
(Typed/Printed name) (Signature) (Date)

Department Contact: _____
(Typed/Printed name) (Telephone) (Email Address)

UC Campus Account 6-(Index-Fund –Account): _____