

Request for Sponsorship of a Foreign National Employee

Requesting Department or Unit: _____

Name (Last, First, Middle): _____ Dr. Mr. Ms.

EmpID number (if any): _____ Citizenship: _____

Current Immigration Status (if in the United States): _____

Offer of:	Status requested: (Selection includes extensions of status)
<input type="checkbox"/> full-time employment	<input type="checkbox"/> TN, Canadian/Mexican Professional
<input type="checkbox"/> part-time employment for _____ hours	<input type="checkbox"/> H-1B, Temporary Worker***
<input type="checkbox"/> Extend current Immigration status	<input type="checkbox"/> O-1, Extraordinary Ability
	<input type="checkbox"/> LPR, Immigrant/Permanent Resident
	<input type="checkbox"/> other: _____

Employment dates: From _____ to _____

Job title: _____

Rate of pay: \$ \$ _____ per _____

Departmental Contact: _____

Approval: (Signature authorizes the Academic Affairs Officer to act on behalf of the university in pursuing an appropriate immigration status for the employment and/or visit and **if H-1B status, acknowledges the UND departmental responsibilities for H-1B sponsorship.**)

Department or Unit Head: Signature: _____ Date: _____

Dean or Other Administrator: Signature: _____ Date: _____
(Required for H, O, and Permanent Residence requests)

Divisional Vice President/Provost: Signature: _____ Date: _____
(Required for Permanent Residence requests only)

SUBMIT

Forward approved request to the Academic Affairs Associate, Mail Stop 3176.
