UNIVERSITY OF NORTH DAKOTA UND.edu

Request for Sponsorship of a Foreign National Employee

Requesting Department or Unit: _____

Employee Name (last, first, middle): _____

EmpID number (if any): _____ Citizenship: _____

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

Offer of:

____ full-time employment

____ part time employment for ___ hours

____ Extension of current immigration status

Status Requested (including extensions)"

___ TN, Canadian/Mexican Professional

___ H-1B, Temporary Worker

___ O-1, Extraordinary Ability

___ PERM, Permanent Resident/Green Card

___ Other, _____

Employment Start Date: _____

Job Title: _____

Rate of Pay: _____

Departmental Contact: _____

Approval: the Signatures below authorizes the Academic Affairs Office to act on behalf of the University to engage with external legal counsel in pursing an appropriate immigration status for Employee and acknowledges that the attorney's fees and filing costs are the responsibility of the applicable department and in limited cases, the employee.

Department or Unit Head: Signature: _____ Date: _____

Dean or Other Administrator: Signature: _____ Date: _____

Return this completed form via email to Heather Wages at heather.wages@und.edu