

Permanent Residence- Department Sponsorship Request Form

Instructions:

This form is used to request permanent residency sponsorship for a prospective or current employee at UCLA. It is essential that all information entered in this request is accurate.

Section 1: Beneficiary Information	
Last Name:	
First Name:	
Date of Birth: (MM/DD/YYYY)	
Gender:	Male Female
Section 2: Appointment Information	
Department:	
Title of Position being offered:	
Annual Salary:	
Step:	
Start Date:	
End Date:	
Is this a tenure track position:	Yes No
Source of funds for this position:	
UCLA Account Number/ Fund Number:	
If grant funded, expiration date of grant(s):	
Name of Principal Investigator:	
Brief description of job duties:	
Minimum qualifications required to perform the duties/tasks of this position:	
Minimum Degree(s) required:	Master's Doctorate Other
Field(s) of study required for the position:	
State license or certificate required:	Yes No
Absolute minimum number of years of employment experience required for the position:	
Position's minimum required training and experience (other than that which would or could have been obtained during the normal course of the degree program listed above). Please quantify required training and experience in number of months/years (if none please write none):	

Section 3: Certified and Approved

By signing below, the hiring Department of UCLA’s David Geffen School of Medicine gives permission for the DGSOM Visa and Licensing Office to begin the process of obtaining an immigrant visa (permanent residence) for the employee named above, under these conditions:

1. The position offered to the alien is a regular, full-time University position and fits the U.S. Citizenship and Immigration Services’ (USCIS) description of a “permanent” position. Permanent means either tenured, tenure-track, or for a term of indefinite or unlimited duration in which the employee would ordinarily have the expectation of continued employment.
2. Obtaining permanent residency may take years due to government processing times and immigrant visa number retrogression. Therefore, we understand that no commitments to a prospective employee may be made in advance of approval of this request, and that all commitments need be contingent upon the award of the requested benefit from the U.S. government.
3. We affirm that all legal fees and associated costs incurred in this case are the sole responsibility of our department, and that we agree to use an attorney selected by the DGSOM Visa and Licensing Office.
4. Further, we understand that the Assistant Director of the DGSOM Visa and Licensing Office is the only approved signatory for petitions related to this case and we will not sign such petitions, nor will we sign a Notice of Entry as Appearance as Attorney (Form G-28).

Division Chief Name:	
Division Chief Signature:	
Date:	
Department Chair Name:	
Department Chair Signature:	
Date:	

Endorsed by: Joan Grace R. Cerera Assistant Director, Visa and Licensing Office	
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Approved by: Dr. Joaquin Madrenas, M.D., Ph.D. Vice Dean for Faculty, DGSOM	
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Checklist:

- Visa Office Review Fee of \$400.00 using a Recharge Request Form (P39)
- Letter of Request for Permanent Residence Sponsorship printed unto the requesting Department’s letterhead signed by the Department Chair. Please contact the Visa and Licensing Office Assistant Director for the letter template, if needed.