

## Rutgers Biomedical and Health Sciences Permanent Residence Request

This form must be submitted to International Services for EB-1 Outstanding Professor/Researcher or EB-2 permanent residence petition classifications.

**INTERNATIONAL SERVICES FEES:** Please refer to the transmittal form on our website:

<http://rbhs.rutgers.edu/internationalservices/pr/forms/Perm%20Res%20Application%20Fee%20Processing%20Form%20Rev12-10-18.pdf>

**To be completed by sponsoring department:**

Name of sponsoring staff/faculty member:  Title

Telephone #  Fax #  email address

Department  School

Department Administrator  Telephone

**Beneficiary's Information:**

Family name:  Given name:  Middle name:

Highest degree earned:  Field of expertise

Years of experience in field of expertise

**List any other licenses or certifications obtained:**

**Administrative Data:**

Employment start date:

Beneficiary's job title at RBHS  Annual salary:

Is the position funded for the next 3 years?  Yes  No explain

Is the position full-time?  Yes  No Hours per week  or  % FTE

Minimal education required to function in the job:  Bachelor's  Master's  PhD  Other

Field  Minimal experience required to function in the job:  years  months

Number of people supervised by the beneficiary:  Their titles

Provide a brief description of the duties performed:

**Indicate the category you wish to pursue:**

- Outstanding Professor/Researcher:** The employee is internationally recognized as outstanding, has had a minimum of three years of experience in teaching or research and has a tenured, tenure-track or long-term research position comparable to tenure-track at . No Labor Certification is required.
- Advanced Degree Holder/Standard Labor Certification:** Professionals who hold advanced degrees, bachelor's degrees, licenses, certificates, or other professional qualifications. Must be an employee of RBHS and a Labor Certification is required.

**The following documentation must be submitted with each application for University support of permanent residency:**

- Letter of support from the beneficiary's supervisor explaining why the University should support this petition. The letter should state the importance of the beneficiary to the department, the need for sponsorship and a description of efforts made to hire a suitable permanent resident or U.S. citizen worker. The letter should explain in simple, but detailed terms how the beneficiary's experience is essential and connected to the work being performed in the department.
- Copy of official job description
- Copy of the beneficiary's CV/resume
- Copies of the beneficiary's diplomas, transcripts, licenses, certificate, etc, as appropriate for the position.

**SIGNATURES OF ATTESTATION:**

Printed name of supervisor  Telephone #

Signature of supervisor  Date

Printed name of Dept. Chair  Telephone #

Signature of Dept. Chair  Date

Printed name of Dean  Telephone #

Signature of Dean  Date



# Rutgers Biomedical and Health Sciences Permanent Residence Request

To be completed by the beneficiary:

Male  Female

Date of birth(mm/dd/yyyy)

Family name  Given name  Middle name

**Place of birth (Province, Prefecture, Township, District, etc. may be used where local custom or regulation requires.)**

Province  City  Country

Country of legal permanent residence  Country of citizenship

Current mailing address:

Street name and number  Apt. number

City  State  Zip Code

Date of most recent arrival in the U.S.  I-94 card #

Current immigration status:  F1/F2  J1/J2  H1/H4  Other Expiration date

Has an immigrant petition ever been filed on your behalf?  No  Yes

If yes, please explain:

Are you in exclusion or deportation proceedings?  No  Yes

If yes, please explain:

Address in your home country:

Street name and number  Apt. number

Province  City  Postal Code  Country

Will family members immigrate with you?  No  Yes

**Family information:**

Family name  Given name  Middle name

Relationship to you:  Husband  Wife  Son  Daughter Date of birth

Country of birth  Country of citizenship

Current address, if different from yours:

Family name  Given name  Middle name

Relationship to you:  Husband  Wife  Son  Daughter Date of birth

Country of birth  Country of citizenship

Current address, if different from yours:

Family name  Given name  Middle name

Relationship to you:  Husband  Wife  Son  Daughter Date of birth

Country of birth  Country of citizenship

Current address, if different from yours:

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**BENEFICIARY'S SIGNATURE:**

Signature

Date

**Please return the completed form to the :**  
Rutgers Biomedical and Health Sciences International Services  
65 Bergen Street, Room GA-72 (SSB/GA-72)  
Newark, NJ 07101