

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 page 5.

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



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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:

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



Rutgers Global – International Student and Scholar Services

New Brunswick
180 College Avenue
New Brunswick, NJ 08901-8537
globalservices.rutgers.edu
globalservices@global.rutgers.edu
Ph: 848-932-7015 Fax: 732-932-7992

Newark
65 Bergen Street, GA-72
Newark, NJ 07107
rbhs.rutgers.edu/internationalservices
ois@global.rutgers.edu
Ph: 973-972-6138 Fax: 973-972-8260

Transmittal Form for Permanent Residency Processing Fee

This form must be completed by the sponsoring department and attached to each application.

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

- Name of Foreign National for Whom the Application is Being Filed:
Hiring Department & School
Contact in Hiring Unit
GL String to be charged- U- D- C- L- F- B-
Project #, if applicable
Amount to be charged: \$2500 Late Fee* \$350
Budget Approval:
Signature of Budget Officer
Printed name of Budget Officer

For further information, please refer to the Rutgers Visa Processing Fee Schedule for your specific type of application.

PROCEDURE FOR PAYMENT:

E-MAIL THIS REQUEST TO INTERNATIONAL SERVICES AT: ois@global.rutgers.edu

Include a copy of the completed form with the application package being submitted to International Services.

GL String to be credited:
900-1965-5091-3999-100-5220
RBHS-OIS Approval for IDT Receipt: