## LSUHSC-40 Prior Approval for LSUHSC to Support Permanent Residence Status (Form must be typed!)

This form when signed by the Departm designee), delegates authority to the In based permanent residency. The signin <u>departmental letter of justification, ve</u> <u>advertisements/recruitment activities</u>	ternational Services ( ng of all immigration rification of funds a	Office to sign all documents related benefits are in accordance vailability for a minimum of 3	ting to USCIS forms on employment ce with PM-26. <u>Attach a detailed</u> years, a copy of all
Applicant's Name:(Last) Current Title:		(First)	(Middle)
Country of Birth:	Country of Citizenship:		
Current Visa Status:	Status Expiration Date:		
If ever a J-1 visa holder, is/was the apwaiver approval)	pplicant subject to 2	12(e) 2 year home rule?	Yes No. (If yes, attach 212(e)
LSUHSC Employment History of Ap	plicant (list on sepa	rate sheet if necessary):	
Dates	Title	D	epartment
to			
to			
to			
Attorney Representing Applicant (if	known):	Phone: #	:
National Interest Waiver (exe          Member of Professions Hold         required, see below)           Labor Certification - will r         fees on behalf of employee p       behalf of employee depended         support the legal fees of LS	Il application and le y (exempt from labor searcher (exempt from empt from labor cert a ing an Advanced Deg require retention of to baid by the sponsoria ints. In order to spo UHSC immigration opriate account num- idvertisement & rect	gal fees will be the responsibil cert & job offer). h labor cert, requires job offer) & job offer) gree (may require labor cert & joc he LSUHSC immigration atto ng department. No university nsor, the Department Head an attorney on behalf of the alien ber. The department should ruitment process.	ity of the applicant. bb offer) (if Labor Certification is rney with all application and legal monies are to be expended on d Dean must agree to financially totaling approximately \$1500 to be aware the Labor Certification
Department Contact Name:		Email:	Telephone #:
Faculty Sponsor/Section Head	(Date)	Department Head	(Date)
Following signatures above, route the	rough Remy Allen to	o obtain signature of Dean and	Chancellor:
Remy Allen	(Date)	Dean (or Designee)	(Date)
Chancellor (or Designee)	(Date)	_	