



### Permanent Residency Process Authorization Form

Request for: **EB-1:** Outstanding Research/Outstanding Professor  
**EB-2:** Research Faculty (Research Professor + Research Scientist Tracks) (Regular PERM)  
**EB-2:** Position includes teaching duties (Special Handling PERM)  
**EB-3:** Professional, Skilled, or Unskilled Workers

Sponsoring Department: \_\_\_\_\_  
Department Administrator: \_\_\_\_\_  
Administrator Email Address: \_\_\_\_\_  
Administrator Phone Number: \_\_\_\_\_  
Department Group (School, College or other higher-level organization): \_\_\_\_\_  
Employee's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Panther ID: \_\_\_\_\_  
Full Time Employment Start Date: \_\_\_\_\_ Current Immigration Status: \_\_\_\_\_ Date Status Expires: \_\_\_\_\_  
Position/Title for which sponsorship is sought: \_\_\_\_\_ Job Code: \_\_\_\_\_

**Department Chair/Business Unit Head Approval:**

By signing this form, I give permission for the Academic Affairs and Human Resources 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. Academic Affairs and Human Resources cannot guarantee the outcome of any case, and the Hiring/Sponsoring Department have not made and will not make any such guarantees to the employee.
3. The Hiring/Sponsoring Department must pay all the fees (Legal Fees and Advertising Fees) associated with the PERM (Program Electronic Review Management) application.
4. In any situation that the Office of the Provost Planning & Finance receives invoices from retained law firm, I authorize the **Department's Activity #** \_\_\_\_\_ to be charged by the Office of the Provost Planning & Finance

**Department Chair (For Faculty Position)**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Unit Head**

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please email the completed form to [immigration@fiu.edu](mailto:immigration@fiu.edu)