

Please select one of the following immigration attorneys approved by the South Carolina Attorney General's Office to represent Clemson University in immigration cases.

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(Please Type)

Part I. Information about the Foreign National

1. Family Name _____ First Name _____ Middle Name _____

2. Address (Street Number and Name) _____ Apt. No. _____

City _____ State _____ Zip Code _____ 3. Phone No. _____ 4. Email _____

5. Gender M F Title: Dr. Mr. Ms. Clemson University ID C _____

Part II. Information about the Position (Please Type)

1. Position Title _____ 2. Is This a Tenured or Tenure-Tracked Position? Yes No

3. *If no*, Is this a Full-Time and Permanent Position? Yes No 4. Wage Offered \$ _____

5. Name of Supervisor _____ Title of Supervisor _____ Email: _____

6. Phone No _____ 7. Office Location _____

9. Department contact for this matter Name _____ Title: _____ Email _____

10. Name of the Unit/Department _____ 11. Name of College/Division _____

12. Did you attach a copy of the appointment letter of the foreign national? Yes No

13. Did you attach a copy of the most updated resume of the foreign national? Yes No

14. Did you attach a copy of the job advertisement? Yes No

Part III. Declaration of the Supervisor

****I am the supervisor/hiring official of the employee named above. My department plans to sponsor him/her for Lawful Permanent Residence (LPR) in the US. I have discussed the application process with my employee. I approve payment of attorney fees and costs for Permanent Labor Certification and sponsorship for LPR for the above employee in an amount not to exceed \$5,000.00. I verify that this academic department has sufficient funds to pay these costs. Office of Global Engagement has authority to pay the attorney fees and costs once the bills are approved by the Office of the General Counsel. The account string to which the charges for services should be made is provided below. The completed, signed form must be received by OGE before the processes will begin.**

Name of Supervisor _____ Signature _____ Date _____

23-digit account string (For attorney fees) _____

Part IV. Signatures of the Head Employing Unit/Department and the Foreign National

Name of Foreign National _____ Signature _____ Date _____

Name of Department Chair _____ Signature _____ Date _____

Name of College Dean _____ Signature _____ Date _____