

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 Address _____ @Clemson.edu Title: ☐ Dr. ☐ Mr. ☐ Ms.

Part II. Information about the Position

1. Position Title _____ 2. Is This a Tenured or Tenure-Tracked Position? ☐ Yes ☐ No
 3. Wage Offered for the Position \$ _____ 4. Name and Title of Supervisor _____
 5. Phone No _____ 6. Fax No _____ 7. E-mail _____ @Clemson.edu
 8. Name of the Unit/Department _____ 9. Name of College/Division _____
 10. In the Past Six Months, Have Any U.S. Workers in Your Unit Been Laid Off? ☐ Yes ☐ No 11. If Yes, Provide Information Regarding the Number of Layoffs, Date(s) of Layoffs, and Occupation _____
 12. Did You Attach a Copy of the Appointment Letter and a Copy of the Most Updated Resume of the Foreign National? ☐ 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 the Office of International Affairs (OIA) and 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. OIA 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 OIA-450 must be received by Office of International Affairs and Office of the General Counsel before procedures for obtaining Permanent Residency Application will commence.

23-digit account string to be charged for services provided _____

Signature of the Supervisor _____ Date _____

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

Signature of the Foreign National _____ Date _____

Name of the Unit Head _____ Signature _____ Date _____