SOUTHEASTERN UNIVERSITY H-1B Department Request Form – Part A

Faculty

Information about the position: (please print)

Department:			
Job Title:		Annual Salary:	
Minimum Degree Required:		Major Field(s) Req'd:	
No. Years Required Experience:		Other Special Requirements:	
Is this position Full-Time? □Yes □N	0	Is this an entry-level position? □Yes □N	0
Name and Title of Position's Immediate S	Superviso	r:	
Contact Info of Supervisor:			
Funding Source (attach written confirmation fro	m Budget C	Officer):	
Information about the prospecti	ve/curr	ent employee:	
Family Name:		First Name and M.I.:	
Proposed H-1B Start Date:		End Date (3 year max):	
Please check appropriate category:			
□ New employment at SEU□ Extend Employment/Renew currer	nt H1B		
Highest Academic Degree awarded and I	Field of S	tudy:	
Attach to this form: • H1B Candidate Profile Form – Part B (col • Letter including information requested in evidence of dept. funding (at least 3 years)	policy	foreign national) & attachments us H1B costs) – written confirmation from Budget Officer	
Signatures			
Department Chair	Date	Dean	Date
Vice President for Academic Affairs	Date	President	Date

SOUTHEASTERN UNIVERSITY H-1B Candidate Profile Form – Part B

Faculty

(To be completed by prospective candidate)

(Please print)	
Family Name	First Name and M.I
Date of Birth	Social Security Number
Phone Number	Email Address
Gender: □Female □Male	
Country of Birth	Country of Citizenship
Current Immigration Status	Expiration (MM/DD/YYYY)
U.S. Address	Foreign Address
I certify that the information provided is tru	e and accurate to the best of my knowledge.
Signature:	Date

Attach copies of the following:

- C.V. or Resume
- Diploma and transcripts with translations (documents must list field of study)
- Copy of ID page(s) of your passport
- Copies of immigration documents (if currently in the U.S.)