University of Central Arkansas Authorization for Permanent Residence Form

To be completed by the Sponsoring Depa	artment (Chair o	or Director):	
Foreign National Employee's Name:			
	Last	First	M
Foreign National Employee's Title/Position	n:		
Foreign National Employee's Hire Date: _			
Has the Foreign National been employed	by UCA in a full-	time position for three-full ye	ears?
Yes No			
Sponsoring Department:			
The Department Chair/Immediate Supe information: (a) the rationale for the requescribing the individual's abilities and qu	uest, (b) the cre	-	
By signing this form, I give permission to be national named above. I hereby agree the permanent residency petitions and (b) the If the foreign national does not meet the should clearly indicate that the foreign recounsel and contracted legal counsel can best interest of the University.	eat the following foreign nation 3-year eligibility national has no	g conditions exist: (a) I have al meets the eligibility require requirement, the departmen t been employed for the thr	e read UCA's policy for lawfu ments stated in UCA's policy t chair/immediate superviso ee years so that UCA's lega
Print Name:			
Signature of Director/Chair:			
Print Name:		Date:	
Signature of Dean/Supervisor:			
Print Name:			
Signature of Vice President:			

<u>Note</u>: After completion of all the signatures, the original form should be submitted to UCA's Legal Counsel who will contact contracted legal counsel. Contracted legal counsel will provide a letter of representation designating his/her responsibilities and designating payment of fees by UCA and by the foreign national.