

UNIVERSITY of HOUSTON

REQUEST FOR O-1 SPONSORSHIP

Last Name (of Foreign National)	First	Middle

Job Title (of Foreign National)	Pay Rate per (Year, Month, Hour)	Hours per Week	FTE

If Faculty title, the appointment basis is 9-Month Year 12-Month Year Other:

Information about the Foreign National

Empl ID/PeopleSoft ID:		Date of Birth:	
Immigration Status:		Marital Status:	
Home Address (Street):		City, State, Zip:	
Phone Number:		Email Address:	

Information about the Sponsoring Department

Department Name:		Mail Code:	
Dept. Address (street):		City, State, Zip:	
Beneficiary's Supervisor:		Title:	
Contact Person:		Tel. Number:	
Fax Number:		Email Address:	

Declarations: Complete job description and requirements on reverse side.

Department Chair and Business Administrator: Please read carefully and fill in spaces before signing.

I understand that the O-1 petition being sought by our College and/or Department is based on the beneficiary's ability to prove extraordinary ability or achievement in the sciences, arts, education, business, or athletics, or extraordinary achievements in the motion picture and television field. I certify that the beneficiary of this request will work in the department in the requested title and performing the duties described on the reverse of this page. I understand that there will be no material changes (i.e. title, duties, department, or location), unless Human Resources has been consulted to determine if an amended petition will be necessary. I understand that all fees associated with this filing are subject to change. I understand that the Office of the General Counsel will assign a qualified immigration attorney to pursue the O-1 classification on behalf of UH, our college/department and the aforementioned employee, for UH is not authorized to pay for legal services for attorneys nor approved by the Office of the General Counsel. By my signature on this request, I agree to comply with all O-1 regulations during the petition process and during the beneficiary's employment.

Coverage of Costs: the

(Check-mark applicable option below):

- Will pay legal fees, and filing fees not to exceed \$_____
- Will pay filing fees only
- Will not pay any fees

College Dean's (or Equivalent's) Name	Signature	Date

Department Head's Name	Signature	Date

Dept. Business Administrator's Name	Signature	Date

Position Referenced in this Request for:

List duties of the position in order of their importance. Includes supervising duties. Inflating responsibilities or requirements may result in a prevailing wage that is greater than the salary budgeted for the position.

Job Requirements and Qualifications Required for the Position (Please specify the discipline)

Education (check-mark minimum degree required and indicate the major field of study):

B.A./B.S. M.A./M.S. A.B.D. Ph.D. Other (please list)

Major area of study required:

Work experience (check each item that applies and fill in the applicable spaces):

Experience	Years or Months	Clarifying Comment (if necessary)
<input type="checkbox"/> None required		
<input type="checkbox"/> Graduate Assistantship		
<input type="checkbox"/> Post-Grad Teaching		
<input type="checkbox"/> Post-Grad Research		
<input type="checkbox"/> Related Duties		

Specific knowledge, skill, evidenced of publications, etc. List any other requirements below.

Send the following documents via email to: Michelle Sanchez, Legal Assistant, Office of the General Counsel: 2028 Request for O-1 Sponsorship Form and Sponsored Employee's VITA/Résumé