



Dashew Center for International Students and Scholars (DCISS)
106 Tom Bradley International Hall, UCLA, Los Angeles, CA 90095
Website: www.internationalcenter.ucla.edu
Phone: (310) 825-1681, Fax: (310) 206-1612

TN Cases (Outsourced Initial and Extension)

Please refer to Davis del Pino's, Niño Abueg's or Sylvia Ottemoeller's start package via e-mail for the list of documents to submit with the **Biographical Information Form** (see next page). This must be signed by the Chair, Dean, Director, or head of the university unit.

Please keep a copy set for your records and deliver all the required documents to:

Davis del Pino, Niño Abueg or Sylvia Ottemoeller
The Dashew Center, 106 Bradley International Hall
Campus 137907
(310) 825-1681



TN PETITON BIOGRAPHICAL INFORMATION

Section A.

Last/Family Name:		First Name:		Middle Name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> <i>[Please provide dependent(s) information on page 5]</i>			
Date of Birth:	Birthplace: <i>[City, Province, Country]</i>			Country of Citizenship:	
Alien Registration #	UID #	Passport #	Passport issue date:	Passport exp. date:	
Current visa status:	Date of most recent entry to the U.S.:		Was this a return trip from Canada or Mexico? Yes <input type="checkbox"/> No <input type="checkbox"/>		
I-94 #	I-94 exp. date:	SEVIS # <i>[From I-20 or DS-2019]</i>	EAD # <i>[if any]</i>		

Section B.

Current Address: <i>[Street, Apt, City, State, Zip Code, Country]</i>		
Address Abroad: <i>[to which you will return]</i>		
U.S. Consulate where visa will be obtained: <i>[City, Country]</i>		
Work phone #	Home phone#	Mobile phone #
Email address: <i>[use UCLA email if applicable]</i>		

Section C.

Have you ever held J-1 or J-2 status? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, please provide copies of all your Form DS-2019 and/ or IAP-66. If applicable, also provide a copy of the 2-year home residence requirement waiver approval notice.</i>
Have you ever held F-1 or F-2 status? Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>If yes, please provide copies of all your Form I-20. If applicable, also provide a copy of the EAD card.</i>

Have you held TN status before? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please state the dates TN was held:</i>

Has any TN petition filed for the alien ever been denied? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please state the date of filing and reason for denial:</i>

Are you planning to travel outside of the United States within the next few months? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a permanent resident application in process? Yes <input type="checkbox"/> No <input type="checkbox"/>

Section D.

Please have Department Contact Person fill out the following:

Department/Unit:		
UCLA payroll title and level for TN petition:		
Title Code:	Has the appointment been approved? Yes <input type="checkbox"/> No <input type="checkbox"/>	Hours per week for which alien will be employed:
Salary per week: [If position is part-time] \$	Salary per year: \$	
Address where alien will work: [Indicate all possible locations, including working remotely outside Los Angeles]		
Additional work address: [Add attachments if necessary]		

Will travel be required in order to perform the job duties? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please explain the travel requirements:</i>

Are there any other working conditions that affect the rate of pay? [ex. night shifts] Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please specify the working conditions:

Dates of (TN) appointment: FROM:	TO:
--	------------

Brief description of the proposed duties of the position:

Alien's present occupation and summary prior work experience:

Section E.

I hereby certify that all the information provided on this form is true and correct.

Alien Supervisor:	Title:	
Signature:	Date:	Phone: [Ext.]

Department Chair/Unit Director:	Title:	
Signature:	Date:	Phone: [Ext.]

Department Contact Person:	Title:	
Signature:	Date:	Phone: [Ext.]
Email:	Fax:	

Section F.

Dependent(s) Information

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

Name:		Relationship:	
Country of birth:	Date of birth:		Current visa status:

U.S. Citizenship and Immigration Services
Vermont Service Center
75 Lower Welden Street
St. Albans, VT 05479

To Whom It May Concern:

Copies of documents submitted are exact copies of unaltered original documents and I understand that I may be required to submit original documents to an immigration or consular official at a later date.

(date)

(signature)

(print name in full)

(address)