

OFFICE OF INTERNATIONAL STUDENTS AND SCHOLARS
UNIVERSITY OF CALIFORNIA, SANTA BARBARA

TN Status for Citizens of Mexico or Canada - processing Data Sheet

Name of UCSB Department: _____

1. Check the one which applies:
- New TN Employment
 - Continuation of previously approved TN employment without change
 - Change in previously approved TN employment
 - New concurrent TN employment (add another employer)

2. Check the one which applies:

applicant will **stay inside the U.S.** for the processing of a CHANGE TO or EXTENSION OF the TN status.

OR applicant wishes to obtain the TN by entry to the U.S. from Canada or Mexico, Please follow instructions for U.S. entry in TN status from the following -

<http://www.oiss.ucsb.edu/forevisacat/evisa.htm>

3. **NAME:** Dr. _____
Ms. _____
Mr. _____

FAMILY / LAST name GIVEN / FIRST name FULL MIDDLE name

please also indicate all previous names: Maiden name: _____
and/or all names from previous marriages: _____

Gender: Male ; Female

4. Applicant's current e-mail address: _____ Social Security No. : _____

Date of Birth (mm/dd/yyyy) _____ Country of Birth _____

Province of Birth _____ Country of Citizenship _____

5. If the person is currently inside the U.S. complete this section, use (mm/dd/yyyy) for all dates:

date of **most recent** arrival: _____ present I-94 number _____

Current visa status _____ date status expires: _____ passport number _____

Passport issue date: _____ passport expiration date _____

Current U.S. street address: _____

6. Permanent address outside U.S. _____

7. UCSB Job Title: _____ Salary per year: \$ _____

Address where applicant will work: _____

Is this a full-time position? _____ if no, give hours per week: _____

8. Period of TN Request

From : _____ To: _____ (may be up to 12 months
mm/dd/yyyy mm/dd/yyyy for each period requested)

9. Description of position's responsibilities and duties: _____

I HEREBY REQUEST the Office of International Students and Scholars to petition the Immigration to classify the person named herein as a TN "Free Trade Agreement" employee, so that the visitor might fill an appointment on this campus.

Date: _____

Signature, Chairperson or Institute Director _____

Type/Print Name _____

Department Chair's phone number: _____

Department Contact for OISS questions: _____

contact phone : _____

contact e-mail: _____