Immigrant Petition for Alien Workers

Department of Homeland Security
U.S. Citizenship and Immigration Services

For USCIS Use Only

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<td>□ 203(a)(2) Member of Professions with Advanced Degree/Exceptional Ability</td>
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<td>□ 203(b)(1)(B) Outstanding Professor or Researcher</td>
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<td>□ 203(b)(3)(A)(iii) Other Worker</td>
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Certification

□ National Interest Waiver (NIW)

Remarks

To be completed by an Attorney or Accredited Representative (if any).

Select this box if Form G-28 or Form G-281 is attached.

Attorney State Bar Number (if applicable)

Attorney or Accredited Representative USCIS Online Account Number (if any)

Other Information

4. IRS Employer Identification Number (EIN)
   □ 2 2 6 0 0 1 0 8 6

5. U.S. Social Security Number (SSN) (if any)

6. USCIS Online Account Number (if any)

Part 2. Petition Type

This petition is being filed for (select only one box):

1.a. □ An alien of extraordinary ability.
1.b. □ An outstanding professor or researcher.
1.c. □ A multinational executive or manager.
1.d. □ A member of the professions holding an advanced degree or an alien of exceptional ability (who is NOT seeking a National Interest Waiver (NIW)).
1.e. □ A professional (at a minimum, possessing a bachelor’s degree or a foreign degree equivalent to a U.S. bachelor’s degree).
1.f. □ A skilled worker (requiring at least two years of specialized training or experience).
1.g. □ Any other worker (requiring less than two years of training or experience).
1.h. □ An alien applying for an NIW (who IS a member of the professions holding an advanced degree or an alien of exceptional ability).
Part 2. Petition Type (continued)

This petition is being filed (select only one box):

2.a. □ To amend a previously filed petition. Previous Petition Receipt Number

2.b. □ For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Mailing Address

2.a. In Care Of Name

2.b. Street Number and Name


2.d. City or Town

2.e. State 2.f. ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy) Most Recent

11.a. Form I-94 Arrival-Departure Record Number Most Recent

11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

Other Information

3. Date of Birth (mm/dd/yyyy)

4. City/Town/Village of Birth

5. State or Province of Birth

6. Country of Birth

7. Country of Citizenship or Nationality

8. Alien Registration Number (A-Number) (if any)

9. U.S. SSN (if any)

Part 4. Processing Information

Provide the following information for the person named in Part 3. (select only one box):

1.a. □ Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:

1.b. City or Town

1.c. Country

2.a. □ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.
Part 4: Processing Information (continued)

2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

If you provided a United States address in Part 3., provide the person's foreign address in Item Numbers 3.a. - 3.f.:  

3.a. Street Number


3.c. City or Town

3.d. Province

3.e. Postal Code

3.f. Country

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in Item Numbers 4.a. - 4.e.:  

4.a. Family Name

4.b. Given Name

4.c. Middle Name

Mailing Address

5.a. In Care Of Name

5.b. Street Number


5.d. City or Town

5.e. Province

5.f. Postal Code

5.g. Country

6.b. If you answered "Yes" to Item Number 6.a., select all applicable boxes:

☐ Form I-485
☐ Form I-131
☐ Form I-765
☐ Other (Provide an explanation in Part II. Additional Information.)

7. Is the person for whom you are filing in removal proceedings? ☐ Yes ☒ No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? ☐ Yes ☒ No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? ☐ Yes ☒ No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? ☐ Yes ☒ No

Part 5: Additional Information About the Petitioner

Type of petitioner (select only one box):

1.a. ☒ Employer

1.b. ☐ Self

1.c. ☐ Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company or an organization is filing this petition, provide the following information:

2. Type of Business

Public University

3. Date Established (mm/dd/yyyy) 1/7/66

4. Current Number of U.S. Employees 20,000

5. Gross Annual Income $0.00

6. Net Annual Income $0.00

7. NAICS Code 611310

8. Labor Certification DOL Case Number LEAVE BLANK

Form I-140 05/09/18
Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

10. Labor Certification Expiration Date (mm/dd/yyyy)

If an individual is filing this petition, provide the following information.

11. Occupation

12. Annual Income $

Part 6. Basic Information About the Proposed Employment

1. Job Title

2. SOC Code

3. Nontechnical Job Description

4. Is this a full-time position? □ Yes □ No

5. If the answer to Item Number 4 is “No,” how many hours per week for the position?

6. Is this a permanent position? □ Yes □ No

7. Is this a new position? □ Yes □ No

8. Wages (Specify hour, week, month, or year): $ per

Worksite Location

For Item Numbers 9.a.-9.e., provide the address where the person will work if different from the address provided in Part 1.

9.a. Street Number and Name


9.c. City or Town


Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For Part 7, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in Part 11. Additional Information.

Person 1

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

4. Relationship

5. Is he or she applying for adjustment of status? □ Yes □ No

6. Is he or she applying for a visa abroad? □ Yes □ No

Person 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Relationship

11. Is he or she applying for adjustment of status? □ Yes □ No

12. Is he or she applying for a visa abroad? □ Yes □ No
### Part 7: Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

#### Person 5

- **25.a. Family Name**
  - (Last Name)
- **25.b. Given Name**
  - (First Name)
- **25.c. Middle Name**
- **26. Date of Birth (mm/dd/yyyy)**
- **27. Country of Birth**
- **28. Relationship**
- **29. Is he or she applying for adjustment of status?**
  - [ ] Yes
  - [ ] No
- **30. Is he or she applying for a visa abroad?**
  - [ ] Yes
  - [ ] No

#### Person 6

- **31.a. Family Name**
  - (Last Name)
- **31.b. Given Name**
  - (First Name)
- **31.c. Middle Name**
- **32. Date of Birth (mm/dd/yyyy)**
- **33. Country of Birth**
- **34. Relationship**
- **35. Is he or she applying for adjustment of status?**
  - [ ] Yes
  - [ ] No
- **36. Is he or she applying for a visa abroad?**
  - [ ] Yes
  - [ ] No
Petitioner's or Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

8.a. Petitioner's Signature

[Signature]

DO NOT SIGN!!

8.b. Date of Signature (mm/dd/yyyy)

Authorized Signatory's Contact Information

3.a. Authorized Signatory's Family Name (Last Name)

Danade

3.b. Authorized Signatory's Given Name (First Name)

Asenath

4. Authorized Signatory's Title

Assoc Dir Int Scholar Services

5. Authorized Signatory's Daytime Telephone Number

8489327800

6. Authorized Signatory's Mobile Telephone Number (if any)

7. Authorized Signatory's Email Address (if any)

adande@global.rutgers.edu

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

1.b. Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)
Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address
3.a. Street Number
   and Name
3.c. City or Town
3.d. State □ 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Interpreter's Contact Information
4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number

6. Interpreter's Email Address (if any)

Interpreter's Certification
I certify, under penalty of perjury, that:

I am fluent in English and [language], which is the same language specified in Part 8, Item Number 1.b., and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the Petitioner's or Authorized Signatory's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature
7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual

Provide the following information about the preparer.

Preparer's Full Name
1.a. Preparer's Family Name (Last Name)
1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)

Preparer's Mailing Address
3.a. Street Number
   and Name
3.c. City or Town
3.d. State □ 3.e. ZIP Code
3.f. Province
3.g. Postal Code
3.h. Country

Preparer's Contact Information
4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)
Part 10: Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case ☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the Petitioner's or Authorized Signatory's Declaration and Certification, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy)
### Part 11. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the Page Number, Part Number, and Item Number to which your answer refers; and sign and date each sheet.

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