

TN Visa Request for Canadian and Mexican Citizens

Department Information:

Name of Department: _____

Name of Department Contact Requesting TN: _____

Contact E-Mail: _____ Phone: _____

Department Address: _____

Position Information:

Position Title (must be in the occupational code of NAFTA, [Appendix 1603.D.1.](#)): _____

Supervisor's Name: _____ E-Mail: _____ Phone: _____

Is this a temporary position? _____ Yes _____ No

If yes, please provide dates of employment: start date _____ end date _____

If no, please consult with the International Office for other visa options

Education Requirement:

Degree: _____ Level: _____ License: _____ (special certification required for health [care workers](#) with direct and indirect patient contact. Please consult with the IO)

Salary per year: _____

Beneficiary Information:

Name: _____ Citizenship: _____

Are any dependents accompanying the beneficiary? _____ yes _____ no. If yes, number of dependents: _____

Please submit this form along with beneficiary's CV, copy of diploma and transcripts and any other special licensing requirements to the International Office, attn: Ravi Shankar, at least two months prior to the begin date.

Supervisor's Signature

Name of Supervisor

Date

TN Visa Extension Request

Department Information:

Name of Department: _____

Name of Department Contact Requesting TN: _____

Contact E-Mail: _____ Phone: _____

Department Address: _____

Position Information:

Position Title (must be in the occupational code of NAFTA, [Appendix 1603.D.1.](#)): _____

Supervisor's Name: _____ E-Mail: _____ Phone: _____

Is the position still temporary? : _____ yes _____ no. If no, please contact the IO for visa options.

If yes, please provide dates of employment: start date _____ end date _____

Salary per year: _____

Beneficiary Information:

Name: _____ I-94# _____ TN Expires on: _____

Date of Last Entry: _____

Will the beneficiary (and any dependents) travel to resume TN status? _____ yes _____ no. If yes, please provide border crossing or port of entry _____.

If no, departments must submit a check for \$320 payable to Department of Homeland Security with this form and an offer letter. Beneficiary must submit copies of the biographic page of the passport, copy of I-94, diploma, transcripts and any dependent [I-539](#) form to the IO three months prior to the expiration of the TN.

Supervisor's Signature

Name of Supervisor

Date