



**University of New Hampshire**  
**Global Education Center**  
**Office of International Students & Scholars**  
 Conant Hall, Room 315  
 Tel: (603) 862-1288 | Fax: (603) 862-0844  
 www.unh.edu/global

**UNH Department Application for Preparation of a “TN” Letter  
 and Application on Behalf of a Canadian Citizen**

**This form is to be completed by the UNH hiring department and returned to the International Scholar and Student Advisor no later than 60 days prior to employee’s anticipated arrival date at UNH. The information provided on this form will enable the OISS to prepare a “TN” application in order for a Canadian citizen to enter the U.S. with employment eligibility. Be sure to attach all requested documentation to this form.**

UNH Department:		Address:	
Name and Title of UNH Contact:			
Phone:	e-mail:	Fax:	
Foreign National Family Name:		First Name:	Middle Name(s), if any:
City of Birth:	Country of Birth:	Marital Status:	
Country of Citizenship:	Country of Legal Permanent Residency:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Mailing Address:		City:	State: Zip Code:
Phone:	E-mail:	Fax:	
Permanent Foreign Address:			City:
State/Province:	Postal Code:	Country:	
Title of Position Being Offered: (UNH Classification Title)			
UNH Pay Grade:	Wages Per Year:		
Dates of Initial Employment: From	To		
If in the U.S., Current Immigration Status:	<input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Student <input type="checkbox"/> J-1 Professor/Researcher <input type="checkbox"/> B-1/B-2 Visitor <input type="checkbox"/> H-1B Temporary Worker <input type="checkbox"/> Other (describe) _____		
Please provide a non-technical description of the services to be performed:			

Location where these services will be performed (address):

What are the **minimum acceptable qualifications** required to perform the position duties satisfactorily?  
(Minimum degree requirements, field(s) of study, number of years of experience, etc.):

Please describe below how the foreign national meets these requirements  
(academic background, degrees, experience, etc.):

**Please check all that apply, this is a:**

- |   |   |
|---|---|
| <input type="checkbox"/> Faculty appointment covered by AAUP bargaining       | <input type="checkbox"/> Faculty appointment not covered by AAUP bargaining |
| <input type="checkbox"/> PAT position. Give PSNUM _____                       | <input type="checkbox"/> Permanently budgeted position                      |
| <input type="checkbox"/> Benefits eligible position                           | <input type="checkbox"/> Full-time position                                 |
| <input type="checkbox"/> Part-time position. # of hours per week _____        | <input type="checkbox"/> Non-status position                                |
| <input type="checkbox"/> Grant funded position. Indicate Funding source _____ |   |

**This form was prepared by:**

Name:		Title:			
Phone:		E-mail:		Fax:	
Signature:		Date:			