FLORIDA TECH.

REMINDER: **The university does not pay any fees associated with dependents; an estimated cost can be obtained from the attorney's office upon communication from them.**

EB-1 OUTSTANDING PROFESSOR/RESEARCHER

Step 1 (I-140 Petition for Immigrant Worker)—CAN BE PAID BY EMPLOYER OR BENEFICIARY

Legal Fees: $5,250

Government Fee: $715

Premium Processing (Optional): $2,805 (guarantees a decision on the I-140 within 15 business days)

Who will pay these fees: Employee _____ Department* _____
*Cost Center information if university department is paying: _____

Step 2 (I-485 Application to Register Permanent Residence)—CAN BE PAID BY EMPLOYER OR BENEFICIARY

Legal Fees: $2,600

Government Fee: $1,440

REMINDER: The university does not pay any fees associated with dependents; an estimated cost can be obtained through the ISSS Office.

Who will pay these fees: Employee _____ Department* _____
*Cost Center information if university department is paying: _____

EB-2 (TEACHING) OR EB-3 PERM (NON-TEACHING) LABOR CERTIFICATION

Step 1 (PERM Labor Certification)—MUST BE PAID BY EMPLOYER

Legal Fees: $2,000 for Special Handling (Teaching); $3,500 (for non-teaching position)

Government Fee: None

Advertising Costs: By law, must be covered by the university/department variable costs; average $500. If you would like assistance with advertising, Fragomen can provide for an additional legal fee of $500.

Step 2 (I-140 Petition for Immigrant Worker)—CAN BE PAID BY EMPLOYER OR BENEFICIARY

Legal Fees: $2,600

Government Fee: $715

Premium Processing (Optional): $2,805 (guarantees a decision on the I-140 within 15 business days)

Who will pay these fees: Employee _____ Department* _____
*Cost Center information if university department is paying: _____

Step 3 (I-485 Application to Register Permanent Residence)—CAN BE PAID BY EMPLOYER OR BENEFICIARY

Legal Fees: $2,600

Government Fee: $1,440

Who will pay these fees: Employee _____ Department* _____
*Cost Center information if university department is paying: _____

SIGNATURES

Department Head _____ Date _____

Employee/Beneficiary _____ Date _____

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