

FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

The Foreign National Information Form must be completed before you can receive any form of payment

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record" (a small white card inside your passport), copy of you U.S. VISA from your passport, and I-20 or IAP66 must be attached to this form. This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

(1) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security # or ITIN #: _____ (3) ID #: _____

(4) U.S. LOCAL STREET ADDRESS: _____

 (4) Address Line 2: _____
 (4) Address Line 3: _____
 (4) City: _____
 (4) State: _____ Zip: _____

(5) FOREIGN RESIDENCE ADDRESS: _____

 (5) Address Line 2: _____
 (5) Address Line 3/City: _____
 (5) Postal Code: _____ Province/Region: _____
 (5) Foreign Country: _____

(6) Country of Citizenship _____ (7) Country That Issued Passport: _____

(8) Passport #: _____ (9) Visa #: _____ Date of Birth: ____/____/____
 Month Day Year

(10) Have you ever had another immigration status in the United States? Yes No If yes, see page 2.

(11) IMMIGRATION STATUS: U.S. Immigrant/Permanent Resident F-1 Student J-2 Spouse or Child of Exchange Visitor
 J-1 Exchange Visitor H-1 Temporary Employee
 Other _____

(12) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:
 01 Student 05 Professor 12 Research Scholar
 02 Short Term Scholar Other: _____

(13) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:
 01 Studying in a Degree Program 05 Observing 09 Demonstrating Special Skills
 02 Studying in a Non-Degree Program 06 Consulting 10 Clinical Activities
 03 Teaching 07 Conducting Research 11 Temporary Employment
 04 Lecturing 08 Training 12 Here with Spouse

(14) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?:
 ____/____/____
 Month Day Year

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?:
 ____/____/____
 Month Day Year

(16) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?:
 ____/____/____
 Month Day Year

(17) INCOME PROVIDING ACTIVITY (e.g. PROFESSOR OF CHEMISTRY?):

(18) WHAT TYPE STUDENT?:
 Undergraduate Masters
 Doctoral Other

(19) SPOUSE IN USA?: Yes No
 Number of dependents? _____

(20) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS
 Do you/will you have an office (fixed base) in the USA?
 Yes No If yes, how many days in this tax year did you/will you have office (fixed base)? _____
 Days

(21) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:
 Did tax residency end? Yes No If yes, when? ____/____/____
 Month Day Year

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Form to the Payroll Department.

Signature: _____ Local Phone Number: _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

The Foreign National Information Form must be completed before you can receive any form of payment.

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL FJM OR Q VISA SINCE 1/1/85:

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits?
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
__/__/__	__/__/__	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

VISA IMMIGRATION STATUS:

- U.S. Immigrant/Permanent Resident
 F-1 Student
 J-2 Spouse or child of Exchange Visitor
 J-1 Exchange Visitor
 H-1 Temporary Employee
 Other: _____

J-1 SUBTYPE:

- 01 Student
 05 Professor
 12 Research Scholar
 02 Short Term Scholar
 Other: _____

PRIMARY ACTIVITY:

- 01 Studying in a degree program
 05 Observing
 09 Demonstrating Special Skills
 02 Studying in a Non-Degree program
 06 Consulting
 10 Clinical Activities
 03 Teaching
 07 Conducting
 11 Temporary Employee
 04 Lecturing
 08 Training
 12 Here with Spouse
 99 Other, please specify: _____

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form to the Payroll Department.

Signature: _____ Date: _____