

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 your 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 #: _____ (3) ID #: _____ E-mail address: _____

(4) U. S. LOCAL STREET ADDRESS: _____ (5) FOREIGN RESIDENCE ADDRESS: _____

(4) Address Line 2: _____ (5) Address Line 2: _____

(4) Address Line 3: _____ (5) Address Line 3/City: _____

(4) City: _____ (5) Postal Code: _____ Province/Region: _____

(4) State: _____ Zip: _____ (5) Foreign Country: _____

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

(8) Passport #: _____ (9) Visa #: _____

(10) Have you ever had another immigration status in the United States? Yes. No.

(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 Employee

04 Lecturing

08 Training

12 Here with Spouse

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

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

(16) WHAT IS THE 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) IF MARRIED, IS 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 RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:

In what country did you live before your current entry into the US? _____ How long? _____

Name of country

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: _____ Local Phone Number: _____ Date: _____