

# FOREIGN NATIONAL INFORMATION FORM

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) U.S. LOCAL STREET ADDRESS

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### (4) FOREIGN RESIDENCE ADDRESS

Line 1: \_\_\_\_\_

Line 2: \_\_\_\_\_

Line 3 / City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Prov./Reg.: \_\_\_\_\_

Country: \_\_\_\_\_

### (5) IMMIGRATION STATUS

U.S. Immigrant/Permanent Resident

F-1 Student

J-2 Research Scholar

J-1 Exchange Visitor

H-1 Temporary Employee

Other: \_\_\_\_\_

### (6) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:

01 Student

02 Short Term Scholar

05 Professor

12 Research Scholar

Other: \_\_\_\_\_

### (7) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:

01 Studying (Degree Program)

05 Observing

09 Demonstrating Special Skills

02 Studying (Non-Degree Program)

06 Consulting

10 Clinical Activities

03 Teaching

07 Conducting Research

11 Temporary Employment

04 Learning

08 Training

12 Here with Spouse

### (8) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?

### (9) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?

### (10) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION ACTIVITY?

### PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

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: \_\_\_\_\_