

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) Texas State 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: _____