

FOREIGN NATIONAL INFORMATION FORM - Part One

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 1-94 "Arrival and Departure Record" (a small white card inside your passport), your U.S. VISA, your passport, and I-20 or DS-2019 will be taken in the Comptroller's Office to be attached to this form. This form must be returned before any check can be issued, and must also be completed by anyone receiving tuition scholarship.

FOR OFFICE USE ONLY

Initials

DATABASE ENTRY:

8233 SENT TO IRS ON:

YEARS LIMIT?

TREATY AMOUNT?

AFFIDAVIT COMPLETE?

TREATY ELIGIBLE?

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

(2) Social Security # _____ (3) MU I.D. # _____ (4) Date of Birth: _____
or ITIN _____

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

CITY _____
STATE _____ ZIP _____
LOCAL PHONE # (_____) _____

(6) FOREIGN RESIDENCE ADDRESS: _____

CITY _____
PROVINCE/REGION _____
COUNTRY _____ POSTAL CODE _____

(7) COUNTRY OF CITIZENSHIP _____ (8) COUNTRY THAT ISSUED PASSPORT _____

(9) PASSPORT # _____ Expiration Date: _____ (10) VISA # _____

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

(12) IMMIGRATION STATUS

<input type="checkbox"/> F-1 STUDENT	<input type="checkbox"/> U.S. IMMIGRANT/PERMANENT RESIDENT
<input type="checkbox"/> J-1 EXCHANGE VISITOR	<input type="checkbox"/> J-2 SPOUSE OR CHILD OF EXCHANGE VISITOR
<input type="checkbox"/> H-1 TEMPORARY EMPLOYEE	<input type="checkbox"/> OTHER _____

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

<input type="checkbox"/> STUDENT	<input type="checkbox"/> PROFESSOR	<input type="checkbox"/> RESEARCH SCHOLAR
<input type="checkbox"/> SHORT TERM SCHOLAR	<input type="checkbox"/> OTHER _____	

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

<input type="checkbox"/> STUDYING IN A DEGREE PROGRAM	<input type="checkbox"/> OBSERVING	<input type="checkbox"/> DEMONSTRATING SPECIAL SKILLS
<input type="checkbox"/> STUDYING IN NON DEGREE PROGRAM	<input type="checkbox"/> CONSULTING	<input type="checkbox"/> CLINICAL ACTIVITIES
<input type="checkbox"/> TEACHING	<input type="checkbox"/> CONDUCTING RESEARCH	<input type="checkbox"/> TEMPORARY EMPLOYMENT
<input type="checkbox"/> LECTURER	<input type="checkbox"/> TRAINING	<input type="checkbox"/> HERE WITH SPOUSE OR RELATIVE

(15) WHAT IS THE ACTUAL DATE YOU ENTERED THE U.S. FOR THIS PRIMARY ACTIVITY?
_____/_____/_____
(Month, Day, Year)

(16) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS ?
_____/_____/_____
(Month, Day, Year)

(17) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?
_____/_____/_____
(Month, Day, Year)

(18) INCOME PROVIDING ACTIVITY
(brief job description, 2 or 3 words)

(19) WHAT TYPE OF STUDENT?
___ Undergrad ___ Masters
___ Doctorate ___ Other

(20) MARRIED? ___ YES ___ NO
SPOUSE IN U.S.? ___ YES ___ NO
SPOUSE VISA STATUS _____

(21) FOR CONSULTANTS OR SELF-EMPLOYED INDIVIDUALS ONLY:

Do you, or will you, have an office (fixed base) in the USA?
___ YES ___ NO

If yes, for how many days in this calendar year? _____

(22) COUNTRY OF 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 Information Form to the Comptroller's Office.

Signature Date Local Phone

FOREIGN NATIONAL INFORMATION FORM - Part Two

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PLEASE LIST ANY U.S. IMMIGRATION ACTIVITY IN THE PAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE JAN. 1, 1985.

DATE OF ENTRY	DATE OF EXIT	VISA IMMIGRATION STATUS	J-1 SUBTYPE	PRIMARY PURPOSE	HAVE YOU TAKEN ANY		
					TREATY BENEFITS?		
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

EXPLANATIONS, CHANGES AND/OR ADDITIONAL INFORMATION:

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 Comptroller's Office.

Signature _____ Date _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM

- 1 Name: List full name.
- 2 Social Security # or ITIN: Enter the U.S. social security number issued by the Social Security Administration or ITIN issued by the IRS.
- 3 M.U. ID#: Enter the number from your Marquette University ID card.
- 4 Date of Birth: Month, Day, Year
- 5 Local Street Address: List your Milwaukee area address.
- 6 Foreign Residence Address: List the complete foreign address you consider to be your permanent address.
- 7 Country of Citizenship.
- 8 Country that issued passport: List country that issued your passport. (Not always the same as the country where it was physically issued.)
- 9 Passport information: Enter your passport number and its expiration date.
- 10 Visa Number: List the **RED** number on the face of your visa. (Not the "control number".)
- 11 Immigration Status: Check YES or NO. If YES you must complete part 2 of this form.
- 12 Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigration/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
- 13 Immigration Status for J-1: Check the appropriate J-1 subtype.
- 14 Actual Primary Activity: Check only one activity.
- 15 Actual Entry Date into the United States: Include month, day, and year of US entry for your current status. Original entry date, not re-entry.
- 16 Start Date of Immigration Status: The beginning effective date of your current immigration status (often original Visa issue date).
- 17 Projected End Date of Immigration Status: Enter the month, day, and year of the projected end of your current primary activity. This is typically the projected end date shown on your I-20 or DS-2019.
- 18 Income Providing Activity: Enter your job title or a brief description of the activity for which you are being paid.
- 19 Student Type: Check only one student status, as applicable.
- 20 Marital Status / Spouse Status: Complete as appropriate.
- 21 Consultants / Self-Employed: Check Yes or No. This includes any office location specifically identified with you.
- 22 Tax residence is where you were last potentially subject to taxes as a resident and can be different from legal residence or country of citizenship. Do not include the United States.