



FOREIGN NATIONAL INFORMATION FORM

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

Please answer all applicable questions below. 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 will be made and attached to this form. You will also need to fill out an I-9 and the appropriate tax forms. This form and its accompanying documents must be turned in to Human Resources before any check can be issued by the Payroll or Accounts Payable Department and must be completed by anyone receiving tuition remission/scholarship, or any other form of compensation and/or services.

Last or Family Name: _____ First: _____ Middle: _____

Maiden Name: _____ Social Security #: _____ - _____ - _____ ID: _____

U.S. LOCAL STREET ADDRESS

 Address Line 2: _____
 Address Line 3: _____
 City: _____
 State: _____ Zip: _____

FOREIGN RESIDENCE ADDRESS

 Address Line 2: _____
 Address Line 3: _____
 City: _____
 Province/Region: _____
 Country: _____ Zip: _____

Purpose of the visit to Andrews University: _____

E-mail address: _____

Country of Citizenship: _____ Country That Issued Passport: _____

Passport #: _____ Visa #: _____
(the control number that begins with the year)

Passport Expiration Date: _____ Visa Expiration Date: _____

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

IMMIGRATION STATUS:

- U.S. Immigrant/Permanent Resident
- F-1 Student
- H-1B Temporary Employee
- J-1 Student/Visiting Professor
- J-2 Spouse or child of exchange visitor
- Other: _____

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

- Student
- Professor
- Research Scholar
- Short-term Scholar
- Other: _____

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 a Non-Degree Program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Here with Spouse |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Conducting Research | <input type="checkbox"/> Temporary Employment |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Training | <input type="checkbox"/> Other _____ |

WHAT IS THE ACTUAL DATE YOU ENTERED THE US?

____/____/____
Month Day Year

WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?

(Date your visa was issued)

____/____/____
Month Day Year

WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?

(Date your I-20 or DS-2019 expires)

____/____/____
Month Day Year

INCOME PROVIDING ACTIVITY (e.g. Professor):

Department of Employment

WHAT TYPE OF STUDENT?

- Undergraduate Masters
 Doctoral Other: _____

SPOUSE IN USA?

- Yes No

Number of Dependents: _____

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 based)? _____ Days

COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS:

Immediately prior to coming to the U.S., did you live in any other country other than your home country?

____/____/____ to ____/____/____
Month Day Year Month Day Year

What 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 Human Resource Department.

Signature: _____ Local Phone Number: _____ Date: _____

LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M or Q VISAS SINCE 01/01/85

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