

The Foreign National 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 card, copy of your ID page from your passport, current U.S. visa, and I-20 or DS-2019 must be attached to this form. This form must be returned to the Business Office before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.

General Information

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

Social Security # or ITIN #: _____

U. S. LOCAL STREET ADDRESS:

FOREIGN RESIDENCE ADDRESS:

Address Line 1:	_____
Address Line 2:	_____
Address Line 3:	_____
City:	_____
State:	_____
Zip:	_____

Address Line 1:	_____
Address Line 2:	_____
City	_____
Postal Code:	_____
Province/Region	_____
Foreign Country:	_____

Email Address: _____

Country of Citizenship:	_____
Country of Tax Residency:	_____
US Visa Number:	_____
US Visa Expiration Date:	_____

Country Issuing Passport:	_____
Passport Number:	_____
Passport Expiration Date:	_____
I-94 Entry Date:	_____
Exit Date:	_____

Have you ever had another immigration status in the United States? Yes No If yes, see page 3

SPONSORING INSTITUTION FOR CURRENT VISA: _____

IMMIGRATION STATUS:

- U. S. Immigrant/permanent Resident -- Alien Registration Receipt /card (green card): #A _____
- F-1 Student
- B-1 Business Visitor
- VWB Visa Waiver for Business
- J-1 Exchange Visitor
- H-1 B Temporary Employee
- Canadian Walk Over (w/I-94 Card)
- Other: _____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> 01 Studying in a Degree Program | <input type="checkbox"/> 05 Observing | <input type="checkbox"/> 09 Demonstrating Special Skills |
| <input type="checkbox"/> 02 Studying in a Non-Degree Program | <input type="checkbox"/> 06 Consulting | <input type="checkbox"/> 10 Clinical Activities |
| <input type="checkbox"/> 03 Teaching | <input type="checkbox"/> 07 Conducting Research | <input type="checkbox"/> 11 Temporary Employment |
| <input type="checkbox"/> 04 Lecturing | <input type="checkbox"/> 08 Training | <input type="checkbox"/> 12 Here with Spouse |

IF IMMIGRATION STATUS IS F-1, WHAT IS THE STUDENT TYPE?:

- Undergraduate Masters Doctoral Other: _____

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

- 01 Student 05 Professor Other: _____
- 02 Short Term Scholar 12 Research Scholar

WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES? _____

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

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

FOR THE EMPLOYEES OF SWEET BRIAR COLLEGE:

Income Providing Activity (i.e. Professor of Chemistry): _____

Spouse in USA? _____ Number of Dependents? _____

FOR CONSULTANTS AND SELF EMPLOYED INDIVIDUALS:

Do you have an office (fixed base) in the U.S.? Yes No If yes, how many days? _____

Previous Visa Information (Substantial Presence Test)

PLEASE LIST ALL F,J,M,Q OR H VISAS SINCE 1/1/85:

(Note: F & J students do not need to list short vacations home during semester breaks)

Date of Entry (mm/dd/yyyy)	Date of Exit (mm/dd/yyyy)	Visa Immigration Status	Primary Activity	Have You Taken Any Treat 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

Certification

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.

Signature: _____ Date: _____

Business Office Use only

Copies of Documents Attached to form:

Passport
 Visa
 I-94 Card
 I-20 (F-1 students only)
 DS-2019 (J-1 exchange student or visitor only)
 Social Security Card or ITIN, if appropriate
 Invitation Letter (with dates & purpose)

Copies of Completed and Signed Forms:

Compliance Statement Form
 Payment Request Form (receipts attached, if required)
 W8-BEN
 W-9 or W-9 Substitute
 8233 (if treaty claimed)

Department Sponsoring Visitor: _____

Department Contact: _____ Telephone Number: _____ Email Address: _____