

MINOT STATE UNIVERSITY
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), a copy of your U.S. VISA from your passport, a copy of both sides of I-20 or IAP66, and a copy of your U.S. social security card 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/scholarships.

1.) **LAST OR FAMILY NAME** _____ **FIRST** _____ **MIDDLE** _____

2.) **SOCIAL SECURITY #** _____ 3.) **NAID #** _____

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| 4.) U.S. LOCAL STREET ADDRESS: _____ _____ <div style="display: flex; justify-content: space-between;">City</div> _____ <div style="display: flex; justify-content: space-between;">StateZip</div> _____ | 5.) FOREIGN RESIDENCE ADDRESS: _____ _____ <div style="display: flex; justify-content: space-between;">CityPostal Code</div> _____ <div style="display: flex; justify-content: space-between;">Province/RegionForeign Country</div> _____ |
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6.) Country of Citizenship _____ 7.) Country That Issued Passport _____

8.) Passport # _____ 9.) Visa # _____
(the red number listed on U.S. visa)

10.) Have you ever had another immigration status or previous visits to the U.S.? ☐ Yes ☐ No If yes, complete backside

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| 11.) IMMIGRATION STATUS: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> U.S. Immigration/Permanent Resident <input type="checkbox"/> J-1 Exchange Visitor</div><div><input type="checkbox"/> F-1 Student <input type="checkbox"/> H-1 Temporary Employee</div><div><input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor <input type="checkbox"/> Other _____</div></div> |
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| 12.) IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? Check One: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 01 Student <input type="checkbox"/> 02 Short Term Scholar</div><div><input type="checkbox"/> 04 Teacher <input type="checkbox"/> 05 Professor</div><div><input type="checkbox"/> 12 Research Scholar <input type="checkbox"/> Other _____</div></div> |
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| 13.) WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? Check one: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 04 Lecturing</div><div><input type="checkbox"/> 05 Observing <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 08 Training</div><div><input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 12 Here with Spouse</div></div> |
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| 14.) WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES? _____/_____/_____ <div style="display: flex; justify-content: space-between;">MONTHDAYYEAR</div> | 15.) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY? _____/_____/_____ <div style="display: flex; justify-content: space-between;">MONTHDAYYEAR</div> | 16.) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY? _____/_____/_____ <div style="display: flex; justify-content: space-between;">MONTHDAYYEAR</div> |
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| 17.) TYPE OF WORK AND DEPT. (eg.: Grad Teaching Assistant for Math Dept.) _____ | 18.) WHAT TYPE OF STUDENT? <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Medical Student</div><div><input type="checkbox"/> Post Graduate <input type="checkbox"/> Post Doctoral <input type="checkbox"/> Other _____</div></div> | 19.) Married? <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse in USA? <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Dependents: _____ |
|--|--|--|

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| 20.) FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS Do you/will you have an office (fixed base) in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many days in this tax year did you/will you have an office (fixed base)? _____ Days | 21.) COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____ Did tax residence end? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when ____/____/_____ <div style="display: flex; justify-content: space-between;">MONTHDAYYEAR</div> |
|---|--|

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| 22.) DATE OF BIRTH _____/_____/_____ <div style="display: flex; justify-content: space-between;">MONTHDAYYEAR</div> | 23.) EMPLOYMENT DATE _____/_____/_____ <div style="display: flex; justify-content: space-between;">MONTHDAYYEAR</div> | 24.) FOREIGN TAXPAYER ID# _____ | 25.) ESTIMATED ANNUAL INCOME AT MSU: \$ _____ |
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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: _____ Date: ____/____/____ Home Phone # _____

Email Address: _____ Work Phone# _____

Please list any VISA immigration activity in the last three years and all F, J, M or Q VISA's since 1/1/85

| Date of Entry | Date of Exit | VISA Immigration Status | J1 Subtype | Primary Activity | Have you taken 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 |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ___/___/___ | ___/___/___ | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

VISA IMMIGRATION STATUS

- ☐ U.S. Immigration/Permanent Resident
 ☐ F-1 Student
 ☐ J-2 Spouse or Child of Exchange Visitor
☐ J-1 Exchange Visitor
 ☐ H-1 Temporary Employee
☐ Other _____

J-1 SUBTYPE

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

PRIMARY ACTIVITY

- ☐ 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 Employment
☐ 04 Lecturing
 ☐ 08 Training
 ☐ 12 Here with Spouse
☐ 99 Other, please specify _____

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/Accounts Payable Office.

Signature: _____ Date: _____

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT:

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