

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 DS-2019 must be attached to this form. This form must be returned before any check can be issued by the Financial Affairs Department and must also be completed by anyone receiving remission/scholarship.

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

Social Security # _____ USM ID # _____ Date of Birth _____
Ethnicity White Black Hispanic Asian Other _____

U.S. LOCAL STREET ADDRESS: _____

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

FOREIGN RESIDENCE ADDRESS: _____

Address Line 2: _____
Address Line 3/City: _____
Postal Code: _____ Providence/Region: _____
Foreign Country: _____

Country of Citizenship: _____ Country That Issued Passport: _____

Passport #: _____ Visa #: _____
(red number)

Passport Expire Date: _____ Visa Issue Date: _____ Visa Expire Date: _____

Have you ever had another immigration status in the United States? Yes No If yes, see page 2.

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: _____

IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:
 01 Student 05 Professor 12 Research Scholar
 02 Short Term Scholar Other: _____

WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:
 01 Studying in a Degree Program 05 Observing 09 Demonstrating Special Skill
 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

WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES?
_____/_____/_____
Month Day Year

WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?
_____/_____/_____
Month Day Year

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

INCOME PROVIDING ACTIVITY (e.g. Professor, Student Worker, etc.)

WHAT TYPE OF STUDENT?
 Undergraduate Masters
 Doctoral Other _____

SPOUSE IN U.S.A.?
 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 this office (fixed base)? _____ Days

COUNTRY OF TAX 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 International Student Affairs office.
According to the Privacy Act for Collection of SSNs: We are required to inform you that The University of Southern Mississippi is requesting your Social Security Number (SSN) to be used for Federal and State reporting, as mandated by Federal and State law.

Signature: _____ Local Phone Number: _____ Date: _____

Email Address: _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

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PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 1/1/85:

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
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

VISA IMMIGRATION STATUS:		
<input type="checkbox"/> U.S. Immigrant/Permanent Resident	<input type="checkbox"/> F-1 Student	<input type="checkbox"/> J-2 Spouse or child of Exchange Visitor
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> H-1 Temporary Employee	
<input type="checkbox"/> Other _____		

J-1 VISA SUBTYPE:		
<input type="checkbox"/> 01 Student	<input type="checkbox"/> 05 Professor	<input type="checkbox"/> 12 Research Scholar
<input type="checkbox"/> 02 Short Term Scholar	<input type="checkbox"/> Other _____	

PRIMARY ACTIVITY:		
<input type="checkbox"/> 01 Studying in a degree program	<input type="checkbox"/> 05 Observing	<input type="checkbox"/> 09 Decorating 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 Employee
<input type="checkbox"/> 04 Lecturing	<input type="checkbox"/> 08 Training	<input type="checkbox"/> 12 Here with Spouse
<input type="checkbox"/> 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 International Student Affairs Office.

Signature: _____ Local Phone Number: _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

1. Name: List full name.
2. Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none, enter your ITIN issued by the IRS.
3. ID#: Enter your Employee/Student/Faculty Identification Number.
4. Ethnicity: Check the appropriate box. If none of those listed apply, check "Other" and write in ethnicity.
5. Local Street Address: List your local US address.
6. Residence: List your non US address.
7. Country of Citizenship(s).
8. Country that Issued Passport: List country for which you were issued your passport. Not the country where it was issued.
9. Passport #: Enter your passport number.
10. Visa #: Enter your visa number.
11. Passport Expire Date: Date passport will expire.
12. Visa Issue Date: Date visa was issued.
13. Visa Expire Date: Date visa will expire.
14. Immigration Status: Check yes or no. If yes, complete the above form for the time(s) you were present in the United States. Approximate if you don't know exact dates.
15. Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green card," you may proceed to the bottom of the form. Sign and date.
16. Immigration Status for J-1: Check the appropriate J-1 subtype.
17. Actual Primary Activity: Check one activity.
18. Actual Entry Date into the United States: Must include month, day and year. Approximate if you don't know.
19. State Date: Must include month, day, and year. Approximate if you don't know.
20. End Date: Must include month, day, and year. Approximate if you don't know.
21. Occupation: Describe in general the service you will perform.
22. Check the appropriate box.
23. Is you spouse in the USA? Check the appropriate box. Give number of other dependents in the USA.
24. Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
25. Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.