

Florida Gulf Coast University FOREIGN NATIONAL INFORMATION FORM (FNIF)

Please check one of the following:

- Initial Submission** - Required prior to first payment
 Update - Required only if any information in Section B, C, or D changes during individual's stay in the U.S.

| FOR ASSISTANCE CONTACT | |
|--|----------------|
| Florida Gulf Coast University | |
| International Services | |
| 10501 FGCU Blvd. S. - McTarnaghan Hall | |
| Fort Myers, FL 33965-6565 | (239) 590-7925 |

Please attach a copy of the following to this form:

- U.S. Social Security Card U.S. Visa Passport
 I-94 Departure Record I-20, DS2019 or I-797 (immigration documents)

Section A - General Information

1. Last Name/Surname _____ Middle Initial _____ First Name _____
2. U.S. Social Security Number _____ - _____ - _____
or U.S. Individual Taxpayer Identification Number _____ - _____ - _____
3. U.S. Local Street Address
 Line 1 _____
 Line 2 _____
 City/Town _____ State _____
 Postal Code _____
4. Foreign Residence Address
 Line 1 _____
 Line 2 _____
 City/Town _____
 Region/Province _____
 Postal Code _____
 Country _____
5. Telephone Number _____
6. E-mail Address _____
7. If married, is spouse in the U.S.? YES NO
8. Number of dependents in U.S. (excluding spouse) _____

Section B - Visa and Passport Information

9. Visa Number _____
10. Visa Issue Date _____ / _____ / _____
Month Day Year
11. Visa Type - Select One
- | | | | | |
|------------------------------|--|---|-------------------------------|--|
| <input type="checkbox"/> B-1 | <input type="checkbox"/> WB (Visa Waiver for Business) | <input type="checkbox"/> J-1 Research Scholar | <input type="checkbox"/> H-1B | <input type="checkbox"/> J-1 Student |
| <input type="checkbox"/> B-2 | <input type="checkbox"/> WT (Visa Waiver for Tourism) | <input type="checkbox"/> J-1 Short-Term Scholar | <input type="checkbox"/> TN | <input type="checkbox"/> F-1 Student |
| | <input type="checkbox"/> Canadian Walk-Over (no visa) | <input type="checkbox"/> J-1 Professor | <input type="checkbox"/> O-1 | <input type="checkbox"/> Other - Please specify: _____ |
| | | <input type="checkbox"/> J-1 Alien Physician | | |
12. Primary Purpose/Activity of Visit - Select One
- | | | |
|---|--|---|
| <input type="checkbox"/> Studying in a degree program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Conducting Research |
| <input type="checkbox"/> Studying in a non-degree program | <input type="checkbox"/> Teaching | <input type="checkbox"/> Acquiring Training |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Clinical Activities | <input type="checkbox"/> Temporary Employment |
| <input type="checkbox"/> Other - Please specify: _____ | | |
13. Country of Citizenship _____
14. Passport Number _____
15. Passport Expiration Date _____ / _____ / _____
Month Day Year
16. Country Issuing Passport _____

Section C - Visa Immigration Activity

17. What is the actual date you entered the U.S. on your current visa? _____ / _____ / _____
Month Day Year

18. What is the start date and end date of your primary purpose/activity indicated on your current I-20, DS2019 (IAP-66), I-797 (immigration document)?
Start Date: _____ / _____ / _____ **End Date:** _____ / _____ / _____
Month Day Year Month Day Year

19. U.S. Visa Immigration History

List all visits to the U.S. in the last 3 calendar years.

List all F, J, M or Q visa periods since Jan 1, 1988. (*Students do not need to list short vacations home during semester breaks.)

| Date of U.S. Entry | | | Date of U.S. Exit | | | Visa Type | Primary Purpose of Stay | Have you taken any treaty benefits? | |
|--------------------|-----|------|-------------------|------|------|-----------|-------------------------|-------------------------------------|-----------------------------|
| Month | Day | Year | Month | Day | Year | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ____ | / | ____ | / | ____ | / | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ____ | / | ____ | / | ____ | / | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ____ | / | ____ | / | ____ | / | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ____ | / | ____ | / | ____ | / | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| ____ | / | ____ | / | ____ | / | ____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Section D - Residence Status for Tax Purposes

20. Prior to your current visit to the U.S., in what country were you employed and paying taxes? _____

21. Please check the appropriate box. If you are unsure, leave blank and the NRA Tax Coordinator will determine your status.

- I am a U.S. Permanent Resident. Alien Registration Receipt Card (Green Card) Number _____
- I am or have been classified previously as a Resident Alien for tax purposes
- I am a Non-Resident Alien for tax purposes. I do not meet the requirements for tax residence in the U.S.

Section E - To Be Filled Out By Individuals Receiving Honorarium Payments

- Is the activity to receive the Honorarium to last more than 9 days? YES NO
- Did you receive an Honorarium from more than 5 Organizations in the prior 6 months? YES NO
- Is the activity to be performed a normal academic activity? YES NO

CERTIFICATION

If your country has a tax treaty with the U.S., but you elect NOT to use these benefits, please initial here: _____

I certify that all of the above information is true and correct. I understand that if my "Passport and Visa Information" changes, I must submit a new "Foreign National Information Form" reflecting the changes to Florida Gulf Coast University International Services.

Signature _____ Date _____ / _____ / _____
Month Day Year

| FOR OFFICIAL USE ONLY | |
|-----------------------|-------|
| Employee ID % | _____ |
| Working Department | _____ |
| Job Code | _____ |
| FICA Status | _____ |
| Annual Salary \$ | _____ |