

# 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 - Reed Hall 122  
Fort Myers FL 33965-6565 (239) 590.7925

Please attach a copy of the following to this form: **(Please use MONTH/DATE/YEAR format when completing this form.)**

- U.S. Social Security card      U.S. Visa      I-94 Departure Record      I-20, DS-2019 or I-797      Passport

## Section A - General Information

- |   |                |  |
|---|----------------|--|
| 1. Last Name/Surname  | Middle Initial | First Name/Given Name                              |
| 2. U.S. Social Security Number<br>or U.S. Individual Taxpayer Identification Number |                | 3. Date of Birth                                   |
| 4. U.S. Local Street Address  |                | 5. Foreign Residence Address                       |
| 6. Local Telephone Number   |                | 7. Email Address                                   |
| 7. If married, is your spouse in the U.S.?      Yes      No                         |                | 9. Number of dependents in U.S. (excluding spouse) |

## Section B – Visa and Passport Information

- |  |                        |                              |
|--|------------------------|------------------------------|
| 10. Visa Number                                    |                        | 11. Issue Date               |
| 12. Visa Type - select one                         |                        |                              |
| B-1      WB (Waiver for Business)                  | J-1 Research Scholar   | H-1B      J-1 Student        |
| B-2      WT Waiver for Tourism                     | J-1 Short Term Scholar | TN      F-1 Student          |
| Canadian Walk Over                                 | J-1 Professor          | O-1                          |
| Other - please specify:                            | J-1 Alien Physician    |                              |
| 13. Primary Purpose/Activity of Visit – select one |                        |                              |
| Studying for degree program                        | Consulting             | Conducting Research          |
| Studying in a a non-degree program                 | Teaching               | Acquiring Training           |
| Lecturing  | Clinical Activities    | Temporary Employment         |
| Other – please specify:                            |                        |                              |
| 14. County of Citizenship                          |                        | 15. Passport Number          |
| 16. Passport Expiration Date                       |                        | 17. Country Issuing Passport |

Section C – Visa Immigration Activity

18. What is the actual date you entered the U.S. on your current visa?  
 19. What is the start date and end date of your primary purpose/activity indicated on your current I-20, DS-2019, I-797?

Start Date: End Date:

20. 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 January 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?	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

Section D – Residence Status for Tax Purposes

21. Prior to your current visit to the U.S., in what country were you employed and paying taxes?  
 22. 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 Completed 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 (FNIF) reflecting these changes to FGCU International Services.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

FOR OFFICIAL USE ONLY

Employee UIN \_\_\_\_\_ FICA Status \_\_\_\_\_ Job Code \_\_\_\_\_  
 Annual Salary \_\_\_\_\_ Working Department \_\_\_\_\_