



# Foreign National Information Form

This form must be completed before you will receive any form of payment.

## Procurement Services – Modular II Office of the Controller

Phone: (239) 590-1130  
Fax: (239) 590-1140

10501 FGCU Boulevard South  
Fort Myers, FL 33965

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 the individual’s stay in the US.

Please attach a copy of the following documents to this form:

- Social Security Card or ITIN (**if you do not have either a SSN or TIN, then complete the attached W-7**)
- Visa Stamp
- Valid Passport
- I-20 or DS-2019 (formerly IAP-66)
- I-94 (both sides)
- Independent Contractor / Professional Services Worksheet (4.VI)

### Section A – General Information

1. Last Name/Surname: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_
2. U.S. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
or ITIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_  
Month/Day/Year
4. U.S. Local Street Address:  
Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
5. Foreign Residence Address:  
Line 1: \_\_\_\_\_  
Line 2: \_\_\_\_\_  
City/Town: \_\_\_\_\_  
Region/Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. If married, is spouse in the U.S.?  Yes  No
9. Number of dependents in the U.S. (excluding spouse): \_\_\_\_\_

### Section B – Visa and Passport Information

10. Visa Number (not the Control Number): \_\_\_\_\_ Visa Control Number: \_\_\_\_\_
11. Visa Issue Date: \_\_\_\_\_  
Month/Day/Year
12. 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		
13. 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"/> Training
<input type="checkbox"/> Lecturing	<input type="checkbox"/> Clinical Activities	<input type="checkbox"/> Temporary Employment
<input type="checkbox"/> Observing	<input type="checkbox"/> Demonstration Special Skills	<input type="checkbox"/> Other: _____
14. Country of Citizenship: \_\_\_\_\_
15. Country Issuing Passport: \_\_\_\_\_
16. Passport Number: \_\_\_\_\_
17. Passport Expiration Date: \_\_\_\_\_  
Month/Day/Year

**Section C – Visa Immigration Activity**

18. What is the actual date you entered the U.S. on your current visa? \_\_\_\_\_  
Month/Day/Year

19. What is the start date and end date of your primary purpose/activity indicated on your current I-20 or DS-2019?  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

20. U.S. Visa Immigration History:  
 List all visits to the U.S. in the last three (3) calendar years.  
 List all F, J, M or Q Visa periods since Jan. 1, 1988.

<u>Date of U.S. Entry</u> Month/Day/Year	<u>Date of U.S. Exit</u> Month/Day/Year	<u>Visa Type</u>	<u>Primary Purpose of Stay</u>	<u>Have you taken any treaty benefits?</u>	
_____	_____	_____	_____	<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

**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 our Accounts Payable department 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 five (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 to NOT use these benefits, please initial here: \_\_\_\_\_

I certify that all of the above information is true and correct. I understand that if my 'Visa and Passport Information' changes, I must submit a new *Foreign National Information Form* reflecting the changes to the Accounts Payable Department at Florida Gulf Coast University, 10501 FGCU Boulevard South, Fort Myers, FL 33965-6565.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month/Day/Year