



IMPORTANT: Attach to this form a copy of: Both sides of your I-94 Form "Arrival and Departure Record", (a small white card inside your passport); your visa from Your Passport; Form I-20 or DS-2019 (formerly IAP-66)

Part I Personal Information
Last/Family Name: _____ First Name: _____
Middle Name: _____ U.S Tax ID # (If any): _____
Foreign Tax ID (If any): _____

Part II U.S. Local Address:
Address Line 1: _____
Address Line 2: _____
Address Line 3: _____
City: _____ State: _____ Zip: _____

Part III Foreign Residence Address:
Address Line 1: _____
Address Line 2: _____
City: _____ Province: _____
Country: _____ Postal Code: _____

Part IV Citizenship and Passport Information:
Country of Citizenship: _____ Country That Issued Passport: _____
Passport #: _____ Visa #: _____
(not the control number that begins with a year)

Yes No Have you ever had another immigration status in the United States? If answered "Yes" please see section XIII

Part V Current Immigration Status in U.S. (If any):
US Citizen/Permanent Resident F-1 Student J-2 Spouse or Child of Exchange Visitor
J-1 Exchange Visitor H-1 Temporary Employee
Other: _____

Part VI If Immigration Status is J-1, What is the Subtype?
01 Student 05 Professor
02 Short-Term Scholar 12 Research Scholar
Other: _____

Part VII What is the Actual Primary Activity of This Visit?
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



Part VIII Entry and Activity Dates:

What is the actual Date you entered the United States? (I-94)
(mm/dd/yyyy)
What is the start date of your immigration status or this primary activity? (I-20 or DS-2019 (formerly IAP-66))
(mm/dd/yyyy)
What is the projected end date of your immigration status or this primary activity?(I-20 or DS-2019 (formerly IAP-66))
(mm/dd/yyyy)

Part IX Income Providing Activity:

(e.g. Professor Of Chemistry, TA, GRA etc.)

Part X Student Type:

Undergraduate Masters Doctoral
Other:

Part XI Spouse Information:

Yes No Spouse in U.S.? Number of Children in U.S.:

Part XII Country of Tax Residence if Different from Citizenship:

Yes No Did tax residency end? If "Yes", When? (mm/dd/yyyy)

Part XIII List Any Visits to the U.S. in the Last Three Calendar Years:

IMPORTANT: YOU MUST ALSO LIST ALL F, J, M, OR Q VISAS SINCE 1/1/85 (attach additional schedule if this requirement is applicable)

Table with 5 columns: Date of Entry, Date of Exit, Visa Status, Primary Activity, Have you taken any treaty benefits? (Yes/No)

Part XIV Certification:

I hereby certify that all 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 Questionnaire form.

Signature: Date:
Local Phone: Email (UND address only):