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. __First: ____ Last or Family Name: ___ Middle: Date of Birth ______ Other __ USM ID_# Social Security # Black White Hispanic Other ___ Ethnicity U.S. LOCAL STREET ADDRESS:__ FOREIGN RESIDENCE ADDRESS: _____ Address Line 2: _____ Address Line 2: ___ Address Line 3: Address Line 3/City: _____ Postal Code: _____Providence/Region: _____ State: _____Zip: _____ Foreign Country: ___ Country of Citizenship: Country That Issued Passport: ____ Passport #: ___ (red number) Passport Expire Date: ___ ____Visa Issue Date: ___ __Visa Expire Date: ____ Tyes No If yes, see page 2. Have you ever had another immigration status in the United States? IMMIGRATION STATUS: F-1 Student
H-1 Temporary Employee U.S Immigrant/Permanent Resident J-2 Spouse or Child of J-1 Exchange Visitor **Exchange Visitor** IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE: 1 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 66 Consulting
707 Conducting Research
708 Training 02 Studying in a Non-Degree Program 10 Clinical Activities 03 Teaching 11 Temporary Employment 12 Here with Spouse 04 Lecturing WHAT IS THE ACTUAL DATE YOU WHAT IS THE START DATE OF WHAT IS THE PROJECTED END ENTERED THE UNITED STATES? YOUR IMMIGRATION STATUS DATE OF YOUR IMMIGRATION FOR THIS PRIMARY ACTIVITY? STATUS PRIMARY ACTIVITY? Month Year Month INCOME PROVIDING ACTIVITY WHAT TYPE OF STUDENT? SPOUSE IN U.S.A.? (e.g. Professor, Student Worker, etc.) Undergraduate
Doctoral
Ot Masters T Yes 10 No① Other _____ Number of dependents: FOR CONSULTANTS/SELF EMPLOYED INDIVIDUALS: COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM Do you/will you have an office (fixed base) in the USA? FOREIGN RESIDENCE ADDRESS: Yes No If yes, how many days in this tax year did you/will you have this office (fixed base)? _____ Days 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)
The Foreign National Information Form <u>must be completed before you can receive any form of payment.</u>

Date of Entry Date of Exit		Visa Immigration Status J-1 Subtype Prim		Primary Activity	Have You Taken Any Treaty Benefits	
/ /	/ /				Yes	No
//					Yes	No
//					Yes	No
//					Yes	No
//	//				Yes	No
//	/				Yes	No
//					Yes	No
//	//				Yes	No
//	//				Yes	No
//	//				Yes	No
//	//				Yes	No
		VISA IMMIGRA	TION STATUS:			
U.S. Immigrant/Permanent Resident F-1 Student		ent F-1 Student		J-2 Spouse or child		
J-1 Exchange Visitor		H-1 Temporary	Employee	of Exchange Visitor		
Other						
		J-1 VISA S	SUBTYPE:			
01 Student		05 Professor		12 Research Scholar		
02 Short Term Scholar		Other	Other			