

Note: This form is to be used only by individuals hired by the University to perform services. It is not for use by international students who will be attending the University.

Florida Gulf Coast University FOREIGN NATIONAL INFORMATION FORM

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

Submit this form and the Independent Contractor/Professional Services Worksheet with a requisition to the Purchasing Department.

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 U.S.

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 W-7 form and attach)
- Visa Stamp
- Valid Passport
- I-20 or DS-2019 (formerly IAP-66)
- I-94 (both sides)
- Independent Contractor/Professional Services Worksheet

Section A – General Information

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

Section B – Visa and Passport Information

9. Visa Number (not the Control Number): _____ Visa Control 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"/> Training |
| <input type="checkbox"/> Lecturing | <input type="checkbox"/> Clinical Activities | <input type="checkbox"/> Temporary Employment |
| <input type="checkbox"/> Observing | <input type="checkbox"/> Demonstrating Special Skills | <input type="checkbox"/> Other: _____ |
13. Country of Citizenship: _____ 14. Country Issuing Passport: _____
15. Passport Number: _____ 16. Passport Expiration Date: _____ / _____ / _____
Month Day Year

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 or DS-2019?
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 three (3) calendar years.
 List all F, J, M or Q visa periods since Jan. 1, 1988.

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

20. Prior to your current visit to the U.S., in what country where you employed and paying taxes? _____
21. 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 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 "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 Blvd South, Fort Myers, FL 33965-6565.

Signature _____ Date of Birth: _____
 Month / Day / Year