

BRANDEIS UNIVERSITY

FOREIGN NATIONAL INFORMATION FORM

This form must be completed and returned to the Payroll Office before you may receive any form of payment from Brandeis University. Upon entry to the U.S., you will be issued an electronic I-94 form "Arrival and Departure Record." **Please attach a copy of the I-94 as well as a copy of your US visa stamp, your passport, and I-20 or DS-2019.** Failure to return this form to the Payroll Office will result in withholding of all paychecks or payments to you from our Accounts Payable Office until this form is completed and received by the Payroll Office at 60 Turner Street. Please call Payroll at 781-736-4495 or email payroll@brandeis.edu if you have any questions about this form.

Please print all information

1. I am a Brandeis University (check one) Faculty Member Student Post Doc Consultant
Department: _____

2. Last or Family Name _____ First _____ Middle _____

3. Birth date: _____

4. U.S. Local Address _____
No. _____ Street _____
City/Town _____ State _____ Zip _____

5. Foreign Residence Address _____
Line 1 _____
Line 2 _____

Postal Code Province/Region _____

6. Country of Citizenship _____ 7. Country that issued Passport _____

8. Passport Number _____ 9. Visa Number _____
(not the number that begins with a year)

10. Immigration Status (check one)
 U.S. Immigrant/Permanent Resident (holder of a green card) **STOP here, sign bottom of form on page 2 and return to Payroll**
 J-1 Exchange Visitor (**go to #11**)
 F-1 Student (**skip to #12**) J-2 Spouse or Child of Exchange Visitor (**skip to #12**)
 Other (please specify) _____ (**skip to #12**)

11. If Immigration Status is J-1, what is the subtype? (check one)
 (01) Student (02) Short Term Scholar (05) Professor (12) Research Scholar Other

12. What is the actual primary purpose of the visit? (check one)
 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 Employee
 04 Lecturing 08 Training 12 Here with Spouse
 99 Other, please specify _____

13. What is the actual date you entered the United States for this Primary Activity? _____
month day year

14. What is the start date of your immigration status? _____
month day year

15. What is the end date of your immigration status Primary Activity? _____
month day year

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16. If you are not a student, describe in general the service you will perform (e.g. "Professor of Chemistry.")

17. If you are a student check off the type of student you are:

Undergraduate Masters Doctoral Other (please specify) _____

18. Are you married? Yes No Is your spouse in the U.S.? Yes No Number of Dependents _____

19. For Consultants/Self Employed Individuals: Do you/will you have a fixed office (fixed base) in the USA? _____
 If yes, how many tax days in this year did you/will you have an office? This includes any office at any location.
 Number of days _____

20. Country of Residence if different from foreign address (other than your U.S address) _____
 Did tax residency end? Yes No If yes, when? ____/____/_____
month day year

21. Please list any Visa immigration activity **in the last three calendar years** and all F, J, M or Q Visas since 1/1/1985. Use the "key" below to complete Visa Immigration Status, J-1 Subtype and Primary Activity columns.

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits
___/___/___	___/___/___	_____	_____	_____	() Yes () No
___/___/___	___/___/___	_____	_____	_____	() Yes () No
___/___/___	___/___/___	_____	_____	_____	() Yes () No
___/___/___	___/___/___	_____	_____	_____	() Yes () No
___/___/___	___/___/___	_____	_____	_____	() Yes () No

Key

VISA IMMIGRATION STATUS:

U.S. Immigrant/ Permanent Resident	F-1	Student
Spouse of child of Exchange	H-1 Temporary Employee	
Visitor J-1 Exchange	Visitor	
Other (please specify) _____		

J-1 Subtype

01 Student 02 Short Term Scholar 05 Professor 12 Research Scholar Other (please specify) _____

PRIMARY PURPOSE:

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 Employee
04 Lecturing	08 Training	12 Here with Spouse

99 Other (please specify) _____

I hereby certify that all of the information provided 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 Payroll Department.

Signature _____ Date _____

E-mail address: _____ Phone number: _____