

# Florida Gulf Coast University FOREIGN NATIONAL INFORMATION FORM (FNIF)

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 individual's stay in the U.S.

FOR ASSISTANCE CONTACT	
Florida Gulf Coast University	
International Services	
10501 FGCU Blvd. S. - McTarnaghan Hall	
Fort Myers, FL 33965-6565	(239) 590-7925

Please attach a copy of the following to this form:

- U.S. Social Security Card       U.S. Visa       Passport  
 I-94 Departure Record       I-20, DS2019 or I-797 (immigration documents)

## Section A - General Information

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

## Section B - Visa and Passport Information

9. Visa 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"/> Acquiring Training   |
| <input type="checkbox"/> Lecturing                        | <input type="checkbox"/> Clinical Activities | <input type="checkbox"/> Temporary Employment |
| <input type="checkbox"/> Other - Please specify: _____    |                                              |                                               |
13. Country of Citizenship \_\_\_\_\_
14. Passport Number \_\_\_\_\_
15. Passport Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
16. Country Issuing Passport \_\_\_\_\_

**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, DS2019 (IAP-66), I-797 (immigration document)?  
**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 3 calendar years.

List all F, J, M or Q visa periods since Jan 1, 1988. (\*Students do not need to list short vacations home during semester breaks.)

Date of U.S. Entry			Date of U.S. Exit			Visa Type	Primary Purpose of Stay	Have you taken any treaty benefits?	
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

**Section D - Residence Status for Tax Purposes**

20. Prior to your current visit to the U.S., in what country were you employed and paying taxes? \_\_\_\_\_

21. Please check the appropriate box. If you are unsure, leave blank and the NRA Tax Coordinator 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 Filled Out 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 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 "Passport and Visa Information" changes, I must submit a new "Foreign National Information Form" reflecting the changes to Florida Gulf Coast University International Services.

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

FOR OFFICIAL USE ONLY	
Employee ID %	_____
Working Department	_____
Job Code	_____
FICA Status	_____
Annual Salary \$	_____