

BATES COLLEGE

FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

This form must be completed before a foreign national can receive any form of payment (honorarium, scholarship, wages, or business-related reimbursement). The following documents must be attached to the completed form: 1. Copy of Passport; 2. Copy of Visa; 3. Copy of I-94 Departure Record; 4. Copy of Social Security Card or ITIN Card (if applicable); 5. Form IAP66/DS2019

Last Name: _____ First: _____ Middle: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) U.S. Social Security Number/ITIN: _____

Date of Employment or Activity: ____/____/____ (mm/dd/yyyy) Department: _____

Cell or Local Phone Number: ____ - ____ - _____ E-Mail Address: _____

US Address: (Please Print)		Foreign Residence Address:	
City:		City:	
State:		Postal Code:	
Zip:		Province/Region:	
		Foreign Country:	

Country that Issued Passport: _____ Passport Number: _____ Passport Expiration Date: ____/____/____ (mm/dd/yyyy)

Income Type:

<input type="checkbox"/> Honorarium: (Income from Self-Employment/Independent Contractor) (Circle One) Will the activity last more than 9 days? Yes No Have you received an Honorarium at 5 or more organizations in the last 6 months? Yes No Is the activity to be performed a normal academic activity? Yes No Is there a Sponsoring Institution? Yes No If yes, name of institution: _____
<input type="checkbox"/> Income from Employment (Activity lasting more than 9 days)

VISA DETAIL

Current Immigration Status/Visa Type:

<input type="checkbox"/> US Immigrant/Permanent Resident	<input type="checkbox"/> F-1 Student	<input type="checkbox"/> TN Canadian or Mexican Citizen
<input type="checkbox"/> B-1 Visitor Business	<input type="checkbox"/> B-2 Visitor for Pleasure	<input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor
<input type="checkbox"/> H-1 Temporary Employee	<input type="checkbox"/> Other:	
<input type="checkbox"/> J-1 Exchange Visitor		
* If J-1 Exchange Visitor, what category?		
<input type="checkbox"/> Student	<input type="checkbox"/> Short Term Scholar	<input type="checkbox"/> Professor
		<input type="checkbox"/> Research Scholar

(Continued other side)

BATES COLLEGE

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

Student Type:

Undergraduate Post Graduate Graduate Student Post Doctoral Other:

Trainee Type:

Technical/Specialty Business/Apprentice Professional

Primary Purpose:

<input type="checkbox"/> Studying-Degree Program	<input type="checkbox"/> Studying-Non-Degree Program	<input type="checkbox"/> Teaching
<input type="checkbox"/> Lecturing	<input type="checkbox"/> Consulting	<input type="checkbox"/> Conducting Research
<input type="checkbox"/> Acquiring Training	<input type="checkbox"/> Temporary Employment	<input type="checkbox"/> Here with Spouse
<input type="checkbox"/> Performing as an Artist	<input type="checkbox"/> Tourist Activities	<input type="checkbox"/> Business Activities
<input type="checkbox"/> Practical Training/ J1-F1	<input type="checkbox"/> Educational/Professional Activities	<input type="checkbox"/> Other:

Visa Number (Red number): _____

INS Visa Issue Date: ____/____/____
(mm/dd/yyyy)

First Day in USA in this Status: ____/____/____
(Stamp date on I-94 Card) (mm/dd/yyyy)

Last Day in USA in this Status: ____/____/____
(mm/dd/yyyy)

Have you ever been in the United States prior to this visit? Yes No (If yes, see below)

Please record any immigration activity in the last three calendar years plus any additional immigration activity in the F, J, M, or Q visa status since 1985.

Date of Entry	Date of Exit	Visa Type	Primary Purpose	Did You Take Any Treaty Benefits
____/____/____	____/____/____	_____	_____	<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
____/____/____	____/____/____	_____	_____	<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

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 Payroll Department.

Signature: _____

Date: _____