

# 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). Copies of these documents will be required: Passport, Visa, Social Security card I-797A, I-20 or DS-2019.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ U.S. Social Security Number/ITIN: \_\_\_\_\_

Start Date of Employment or Activity: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Department: \_\_\_\_\_

Marital Status: Single Married Number of Dependent's \_\_\_\_ (leave blank if 0)

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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Income Type:

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

☐ 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 |
|----------------------------------|---|------------------------------------|---|

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**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

First Day in USA in this Status: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Day in USA in this Status: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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	
				Yes	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:** \_\_\_\_\_