

CALVIN COLLEGE FOREIGN NATIONAL INFORMATION FORM (PAGE 1)

THE FOREIGN NATIONAL INFORMATION FORM MUST BE COMPLETED AND RETURNED BEFORE YOU CAN RECEIVE ANY FORM OF PAYMENT IN 20__. ALL APPLICABLE QUESTIONS BELOW MUST BE ANSWERED. PLEASE BRING WITH YOU TO YOUR INTERVIEW: YOUR I-94 FORM, YOUR U.S. VISA FROM YOUR PASSPORT, YOUR PASSPORT, AN I-20 OR DS2019 FORM, YOUR CALVIN STUDENT ID CARD, AND YOUR U.S. SOCIAL SECURITY CARD.

Instructions on reverse.

(1) Last or Family Name _____ First _____ Middle _____

(2) Social Security # _____ (3) Calvin Student ID #: _____ Birthdate _____

Academic Level (please circle) FR SO JR SR PB SEM

<p>(4) U.S. LOCAL ADDRESS:</p> <p>(4) _____</p> <p>(4) _____</p> <p>(4) _____</p> <p>(4) City _____ State _____</p> <p>(4) Zip Code: _____ Phone # _____ <small>(9 digit zip code for dorms)</small></p>	<p>(5) FOREIGN RESIDENCE ADDRESS:</p> <p>(5) Address line 1: _____</p> <p>(5) Address line 2: _____</p> <p>(5) Address line 3/City: _____</p> <p>(5) Postal Code: _____ Province/Region: _____</p> <p>(5) Foreign Country: _____</p>
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(6) Country of Citizenship: _____ (7) Country that Issued Passport: _____

(8) Passport #: _____ Expiration Date: _____ (9) Visa #: _____ Start date _____
(not the Control # that begins with a year)

(10) Country of Tax Residence if different from foreign residence address _____

Did Tax Residency End? Y N If yes, when? ___/___/___

(11) Have you ever had previous immigration status in the United States? Yes No If yes, see page 2.

(12) IMMIGRATION STATUS:

U.S. Immigrant / Permanent Alien

F-1 Student

J-2 Spouse or Child of Exchange Visitor

J-1 Exchange Visitor

H-1 Temporary Employee

O-2 Personnel Accompanying O-1 Alien

O-1 Alien of Extraordinary Arts Ability

P-1 Int'l. Renowned Performing Group

P-3 Culturally Unique Performers/Groups

Other _____

(13) IF IMMIGRATIONS STATUS IS J-1, WHAT IS THE SUBTYPE?

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

Other _____

(14) WHAT IS THE PRIMARY ACTIVITY OF THE VISIT?

01 Studying in a Degree Program

02 Studying in a Non-Degree Program

03 Teaching

04 Lecturing

05 Observing

06 Consulting

07 Conducting Research

08 Training

09 Demonstrating Special Skills

10 Clinical Activities

11 Temporary Employee

12 Here with Spouse

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?

_____/_____/_____
Month Day Year

(16) WHAT IS THE ACTUAL DATE YOU ENTERED THE U.S.A.?

_____/_____/_____
Month Day Year

(17) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS FOR THIS ACTIVITY?

_____/_____/_____
Month Day Year

(18) INCOME PROVIDING ACTIVITY

Do you have an on-campus job? Y N

Department(s) you work in: _____

(19) DATE EMPLOYMENT BEGAN IN THE U.S.: ____/____/____

Estimated U.S. earnings for 20 ____

(20) Marital Status

Married Single

Spouse in U.S.? Y N

No. of Dependents in U.S. _____

FOREIGN NATIONAL INFORMATION FORM (PAGE 2)

The Foreign National Information Form MUST be completed and returned before you can receive any form of payment.

PLEASE LIST ANY U.S. VISA IMMIGRATION ACTIVITY IN LAST 3 CALENDAR YEARS and ALL F, J, M or Q VISAS since 1/1/85:					
Date of Entry (Month / Day/Year)	Date of Exit (Month / Day/Year)	Visa Immigration Status	If J-1, Subtype	Primary Activity	Have you taken any Treaty Benefits? ↑ Yes ↑ No

Reference information for the above table:

SAMPLE IMMIGRATION STATUS:

- U.S. Immigrant / Permanent Alien
- F-1 Student
- H-1 Temporary Employee
- J-1 Exchange Visitor
- J-2 Spouse or Child of Exchange Visitor
- O-1 Alien of Extraordinary Ability/Arts
- O-2 Personnel Accompanying O-1 Alien
- P-1 Int'l Renowned Performing Group
- P-3 Culturally Unique Performers/Grp.

SAMPLE J-1

SUBTYPES:

- 01 Student
- 02 Short Term Scholar
- 05 Professor
- 12 Research Scholar

PRIMARY ACTIVITIES:

- | | |
|-----------------------------------|---------------------------------|
| 01 Studying in Degree Program | 07 Conducting Research |
| 02 Studying in Non-Degree Program | 08 Training |
| 03 Teaching | 09 Demonstrating Special Skills |
| 04 Lecturing | 10 Clinical Activities |
| 05 Observing | 11 Temporary Employee |
| 06 Consulting | 12 Here with Spouse |

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 Calvin College Human Resources Office.

Signature: _____ Date: _____ Initials of Interviewer: _____

INSTRUCTIONS FOR THE FOREIGN NATIONAL INFORMATION FORM:

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Name: List full name. 2. Social Security Number: Enter US social security number issued by the US Social Security Administration. Do not list numbers not assigned by US Social Security, i.e. Canadian social insurance numbers. If none, enter your TIN issued by IRS. If SSN not yet available, attach proof of application thereof. 3. Calvin ID# 4. Local Street Address 5. Residence: List your non-US address. 6. Country of Citizenship(s). 7. Country that issued the passport. List Country in which you were issued your passport. 8. Passport #. Enter your Passport Number. 9. Enter your Visa # - Not the Control # that begins with a year. 10. Tax Residence: List country where you last paid taxes as a resident. This CAN be different from your legal residence. Do NOT include the USA. 11. Immigration Status - previous. Check Yes or No. If yes, complete table above. Approximate if you don't know. 12. Immigration Status: Check the type of immigration status that you currently hold. If you check US Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the end of the form – simply sign and date above. | <ol style="list-style-type: none"> 13. Visa Immigration Status for J-1: Check the appropriate J-1 subtype. 14. Actual Primary Activity: Check ONE activity only. 15. Start Date: MUST include month, day, year in that order. Approximate if you don't know. 16. Actual Entry Date in the United States: MUST include month, day, and year in that order. Approximate if you don't know. 17. End Date: MUST include month and year in that order. Approximate if you don't know. 18. Income Providing Activity (Occupation): Describe in general the service you will perform. 19. Date employment began in the U.S. and estimated U.S. earnings for 20__. 20. Marital Status: Check the appropriate box. Spouse in the U.S.? Number of dependents in the U.S.? |
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