



FOREIGN NATIONAL INFORMATION FORM

Rowan University Payroll Services

Check One: Initial Submission
 Update – Required only if any information in Section B or C changes during individual's stay in U.S.

Employing Department: _____ University Position Title: _____

A copy of your I-94 Arrival/Departure Record, a copy of your passport and U.S. Visa , and a copy of your I-20 (F-status),DS-2019(J-status),or I-797(H-1 status) must be attached to this form.

SEE PAGE TWO FOR HELP ON HOW TO COMPLETE THIS FORM

Section A – General Information	
(1) Last Name/Surname _____	First/Given Name _____ Middle Initial _____
(2) U.S. Taxpayer ID – Social Security Number (SSN) _____	
Initial here if you don't have a SSN: _____ Initial here if you have applied for a SSN: _____	
(3) Employee/Student ID # _____	(4) Date of Birth (mm/dd/yy) ____/____/____
(5) United States Local Address	(6) Foreign Residential Address
Line 1 _____	Line 1 _____
Line 2 _____	Line 2 _____
Line 3 _____	Line 3 _____
City/Town _____	City/Town _____
State _____ Zip Code _____	Region/Province _____
(7) US Home Telephone __ (____) _____	Postal Code _____
(8) E-mail Address _____	Foreign Country _____
Section B – Passport and Visa Information – Purpose of Visit	

J-1 Physician O-1 Other; please specify _____

(10) If you have a F, J, H, TN, O, L, P, A, or G Visa, please list the sponsoring institution or company named on your immigration documents _____

(11) Primary Purpose/Activity of Visit – Select One:

- | | | | |
|--|-------------------------------------|---|--|
| <input type="checkbox"/> Studying in a U.S. degree program | <input type="checkbox"/> Consulting | <input type="checkbox"/> Conducting Research | <input type="checkbox"/> Clinical Activities |
| <input type="checkbox"/> Studying in a U.S. non-degree program | <input type="checkbox"/> Teaching | <input type="checkbox"/> Specialized Training | <input type="checkbox"/> |

Section C – Visa Type Activity in the Last Six Calendar Years (Substantial Presence Test)

(19) List the original date (the very first date) of your entry to the United States: _____ / _____ / _____
month day year

(20) List the start and end date of your current purpose or program activity as indicated by your visa type (i.e., I-20, DS-2019, I-797, etc.)

Start Date: _____ / _____ / _____ **End Date:** _____ / _____ / _____ Check if I-94 is marked
month day year month day year as "Duration of Stay"

(21) Visa Type History – enter your visits to the US for the last six calendar years. For F, J, M or Q status visits, list your visa type history since January 1, 1985. Attach an additional schedule if need be. ****Note** – also include status change dates if you remained in the U.S. while changing status.

Date of Entry to U.S. **	Date of Exit from U.S. **	Visa Type	Visa Number	Primary Purpose or Activity	Country of Tax Residence	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
/ /	/ /			No		<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /					<input type="checkbox"/> Yes <input type="checkbox"/> No