

ELIZABETH CITY STATE UNIVERSITY

Foreign Visitor Information Form

This form must be completed before you can receive any form of payment. All applicable questions below must be answered. The following documents must be attached to this 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**; **5.** copy of **Form I-20 or Form IAP66/DS2019**.

Send the original of this form to: **ECSU Controller**, Campus Box 908
Elizabeth City State University, 1704 Weeksville Road, Elizabeth City, NC 27909

PERSONAL / PASSPORT INFORMATION

Last or Family Name: _____ First: _____ Middle: _____

U. S. Social Security No. or Individual Taxpayer I.D. No.: _____ Date of Birth : _____
MONTH/ DAY/ YEAR

ECSU Student No.: _____ E-mail address: _____

U.S. Telephone No.: (Work) _____ (Home) _____
(INCLUDE AREA CODE) (INCLUDE AREA CODE)

Country of citizenship: _____ Country that issued passport: _____

Passport No.: _____ Passport Expiration Date: _____
MONTH/ DAY/ YEAR

Visa No.: (control number in upper right corner of stamp in passport): _____

ADDRESSES

U.S. Local Street Address

STREET _____
CITY _____
STATE _____ ZIP CODE _____

Foreign (home) Residence Address (should not be a P.O. Box)

STREET _____
CITY _____ PROVIDENCE/STATE _____ POSTAL CODE _____
COUNTRY _____

CURRENT IMMIGRATION STATUS

- U.S. Immigrant/Permanent Resident J-1 Exchange Visitor J-2 Dependent
 H-1B Temporary Worker F-1 Student Other: _____

IF J-1 (Exchange Visitor), what category?

- Student Professor Research Scholar Short Term Scholar Other: _____

PRIMARY ACTIVITY DURING THIS VISIT (Choose only ONE)

- Studying in a degree program Observing Demonstrating special skills
 Studying in a non-degree program Consulting Clinical activities
 Teaching Conducting research Temporary employment
 Lecturing Training Here with spouse

What is the actual date you entered the United States?
(This date is stamped on your visa and I-94 Departure Record) _____
MONTH / DAY / YEAR

What was the start date of your immigration status for the current activity?
(In many cases, this is the date you entered the U.S.) _____
MONTH / DAY / YEAR

What is the projected end date of your primary activity?
(In many cases, this is the completion date on your immigration document.) _____
MONTH / DAY / YEAR

If you are a student, at what level do you study?
 Undergraduate Masters Doctoral Other: _____

Describe the activity that will result in U.S. income:

(i.e. professor of physics, consulting, teaching assistant, food service worker, scholarship, contest prize, etc.)

Name of ECSU department providing the income: _____ Amount: _____ *

Payment Type: Wages Scholarship Honorarium Other _____

* For Wages the amount should be the estimated annual income (Calendar Year).

TAX EXEMPTIONS INFORMATION

Is your spouse in the U.S.? Yes No Is your spouse employed? Yes No

Do you want to claim an exemption for your spouse if legally allowed to do so? Yes No

Do you have other dependents in the U.S. you would like to claim exemptions for? Yes No; If Yes, how many? _____

RESIDENCY VERIFICATION

What country did you live in before this visit to the U.S.? _____

Did you pay taxes as a resident of that country? Yes No

Did your tax residency in that country end prior to this visit to the U.S.? Yes No; If Yes, when? _____
MONTH / DAY / YEAR

U.S. IMMIGRATION HISTORY

(If the answer to either of the questions below is yes, please complete U.S. Immigration History, Part 2.)

Have you ever had another immigration status in the United States? Yes No

Have you ever been present in the United States before this visit? Yes No

U.S. IMMIGRATION HISTORY, Part 2

Please list any **E, J, M, or Q** visa immigration activity since January 1, 1985 and all other visa immigration activity only for the past three calendar years.

<u>Date of U.S. Entry</u> month/day/year	<u>Date of U.S. Exit</u> month/day/year	<u>Visa/Immigration Status</u>	<u>J-1 Subtype</u>	<u>Primary Activity</u>	<u>Have you taken any Treaty Benefits?</u>
/ /	/ /				<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 the form I must submit a new Foreign Visitor Information Form.

Signature: _____

Date: _____