

Five Colleges, Inc.

Business Office
97 Spring Street
Amherst, MA 01002

Foreign National Visitor Information

The Foreign National Visitor Information Form must be completed before you can receive any form of payment

Last Name: First Name: Middle:

Social Security #: Individual Taxpayer Identification #:

I hereby certify that all of the below 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 Visitor Information Form to the Five College Business Office.

Signature: Date:

Local Address:

City: State: Zip:

Foreign Address:

City: Providence: Country:

Country of Citizenship: Country that Issued Passport:

Passport #: US Visa #:

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

If yes, please list any visa immigration activities in the last three calendar years and all E, J, M, or Q Visas since 1/1/85.

Date of Entry	Date of Exit	Visa Immigration Status	J-1 subtype	Primary Activity	Have you Taken Treaty Benefits?	
					Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Immigration Status:

- US Immigrant/Permanent Resident F-1 Student H-1 Temporary Employee
 J-1 Exchange Visitor J-2 Spouse or Child of Exchange Visitor
 Other _____

If Immigration Status is J-1, what is the subtype

- Student Professor Research Scholar
 Short Term Scholar Other _____

What is the Actual Primary Activity of this visit?

- Studying in Degree Program Observing Demonstrating Special Skill
 Studying in Non-Degree Program Consulting Clinical Activities
 Teaching Conducting Research Temporary Employment
 Lecturing Training Here with Spouse

What is the actual date you entered? _____

What is the start date of this primary activity? _____

What is the end date of this primary activity? _____

Income providing activity? (Professor of Chemical Engineering) _____

What type of Student?

Undergraduate Masters Doctoral Other _____

Is your spouse in the US? yes no

Do you/will you have an office (fixed base) in the US? yes no

If yes, how many days in this tax year did you/will you have an office (fixed base)? _____ days

If country of tax residency is different from foreign residence address, did tax residency end? yes no

If yes, when _____.

- *All applicable questions above must be answered.*
- *A copy of both sides of your I-94 form, Arrival and Departure Record, (a small white card inside your passport), a copy of your US Visa from your passport, and I20 or IAP66 must be attached to this form.*
- *This form must be returned before any check can be issued by the Payroll or Accounts Payable Department and must also be completed by anyone receiving tuition remission/scholarship.*