

FOREIGN NATIONAL DATA FORM

The Foreign National Form must be completed before you can enter into a contract for services with or receive any form of payment from the University. All applicable questions below must be answered. A copy of both sides of your I-94 card, copy of your ID page from your passport, current U.S. visa, and I-20 or DS-2019 must be attached to this form. This form must be returned to the Immigration Specialist before any check can be issued by Payroll or Accounts Payable and must also be completed by anyone receiving scholarship.

Name:								
(Family) Last			First		Middle			
Social Security # or ITIN # :			TTU ID #:					
U.S. Local Address:			Foreign Residence Address:					
City:			City:					
State: Zip:			Province:					
			Postal Code:					
Date of Birth:/_		Country:						
Email Address:								
Country of Citizenship: _		Country Issuing Passport:						
Country of Tax Residency		Passport #:						
Visa #:			Passport Expir	ration: _				
Visa Expiration:			I-94 Entry Date	e:	Exit Date:			
Immigration Status:								
	ant Resident-Alien Regis	tration Receipt (Card (green card)) #:				
F-1 Student B-1 Busin			ess Visitor		VWB Visa Waiver for Business			
J-1 Exchange Visitor Other:			nporary Employee		Canadian Walk Over (w/I-94 Card))		
If in J-1 status, what subty	ype? (check one only)		If in F-1 status	, what is	student type? (check one only)			
Student	Professor	Research	Undergrad	t	Doctoral			
Scholar	Other:		Masters		Other:			
What is the actual primary	y activity of the visit?	(Please check o	nly one)					
Studying in a Degree F	Program	Observi	ingTraining					
Teaching		Consult	ing	Tempo	orary Employment			
Lecturing		Conductir	ng Research	Here w	vith Spouse			
Other:								
What is the ACTUAL DAT present immigration statu		US in your	What is the ST DS2019, etc)?		TE on your current immigration for	m (i.e., I-20,		
			1	1				
mm dd	уууу		mm	dd	уууу			
What is the PROJECTED	END DATE of your our	rrent	If married, is y	our Spoi	use in the United States?			
immigration form (i.e., I-20		iiGiit	O	Yes	O No			
			_					
mm dd	уууу							

Income Providing Activity: (Please circle one): Student Employment, Graduate Teaching Assistant, Graduate Research Assistant, Full-Time Faculty, Full-time Administrator, Part-Time Administrator, Non-Student Temporary Employment, Athletic Scholarship

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM WITH VISA HISTORY AND SIGNATURE

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN THE LAST THREE CALENDAR YEARS AND ALL F, J, M, Q, OR H VISAS SINCE 01/01/1985. (Note: F & J students do not need to list short vacations home during semester breaks.)

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Purpose of Stay	Have you taken treaty benefits? (Circle one)				
					yes	no			
					yes	no			
					yes	no			
					yes	no			
					yes	no			
					yes	no			
					yes	no			
					yes -	no			
					yes	no			
					yes	no			
	all of the above inforn this form I must submit								
Signature:				Date:					
		Human Resou	ırces Office Use	Only					
Conies of Documen	ts Attached to Form:			leted and Signed	Forms:				
Passport			W-8-BEN						
Visa			W-9						
I-94 Card			Form 8233						
Social Secutiry Ca	ard								
I-20									
DS-2019			Department Sp	onsoring:					
H-1B									
Invitation Letter (with dates & purpose)			Phone Number:						
			Tax Obligations	:					
			HR Approval:						