

University of Pennsylvania Foreign National Information Form

All applicable questions below must be answered. A copy of your I-94 Card, VISA, Passport and an I-20 / DS-2019 or I-797 must be attached to this form. This form must be returned before any check can be issued by Payroll or Accounts Payable.

This section is to be completed by Department Representative.

Purpose for submitting this form:	
<input type="checkbox"/> Employee (mark the appropriate box below) <input type="checkbox"/> New to University <input type="checkbox"/> Change in Visa Status <input type="checkbox"/> Tax Treaty Renewal	<input type="checkbox"/> Independent Contractor/Honorarium (Amount \$ _____) <input type="checkbox"/> Scholarship/Fellowship (Amount \$ _____) <input type="checkbox"/> Other _____ (Amount \$ _____)
Annual Salary \$ _____	
Position Title _____	Department Contact Person _____
Department Name _____	Email Address _____
Campus Address _____	Telephone Number _____ Ext. _____

The remainder of this form is to be completed and signed by Foreign National.

1. Last or Family Name	First	Middle	Mr., Mrs., Ms., Dr. (Circle One)
2. Social Security # or Temp ID#		3. Date of Birth _____/_____/_____ Month Day Year	
4. U.S. Local Street Address _____ Address Line 2 _____ AddressLine 3 _____ City _____ State _____ Zip Code _____ Telephone Number () _____		5. Foreign Residence Address _____ Address Line 2 _____ City _____ Postal Code _____ Province/Region _____ Province/Region Postal Code _____ Country _____	
6. Country of Citizenship		7. Country that issued Passport Passport # / Expiration Date	
8. Visa # (not the control number)		9. Email Address	
10. Your Current U.S. Immigration Status			
<input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> J-1 Exchange Visitor		<input type="checkbox"/> F-1 Student <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> J-2 Spouse or Child of Exchange Visitor Other _____	
11. If Immigration Status is J-1, What is the Category?			
<input type="checkbox"/> 01 Student <input type="checkbox"/> 02 Short Term Scholar		<input type="checkbox"/> 05 Professor <input type="checkbox"/> 07 Alien Physician <input type="checkbox"/> 12 Research Scholar Other _____	
12. What is the Primary Purpose of your Current Stay in the U.S.?			
<input type="checkbox"/> 01 Studying in a Degree Program <input type="checkbox"/> 02 Studying in a Non-Degree Program <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 04 Lecturing		<input type="checkbox"/> 05 Observing <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 08 Training <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 10 Clinical Activities <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 12 Here with Spouse	
13. What is the Actual Date you first entered the U.S in your present immigration status?		14. What is the Start Date on your current immigration form (i.e., DS2019, I-20, or I-797, as applicable)?	
		15. What is the Projected End Date of your present immigration status?	

