

Foreign National Information Form (FNIF)

The Foreign National Information Form **MUST be completed (Both Sides) and returned before you can receive any form of payment.**

Please attach copies of the following: Passport, Visa, I-94 Card and I-20 or DS-2019. If you do not have a Social Security Number a receipt of application for a SSN must be attached.

(1) Last or Family Name: _____ First: _____ Middle: _____

(2) Social Security # _____ (3) WHOI ID#: _____

Date of Birth: _____
(MM/DD/YYYY)

Non WHOI Email Address & contact phone number: _____

<p>U.S. LOCAL ADDRESS:</p> <p>Address line 1: _____</p> <p>Address line 2: _____</p> <p>Address line 3: _____</p> <p>City: _____</p> <p>(4) State: _____ Zip Code: _____</p>	<p>FOREIGN RESIDENCE ADDRESS:</p> <p>Address line 1: _____</p> <p>Address line 2: _____</p> <p>Address line 3/City: _____</p> <p>Postal Code: _____ Province/Region: _____</p> <p>Foreign Country: _____</p>
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PASSPORT INFORMATION:

Country of Citizenship: _____ Country that Issued Passport: _____

Passport #: _____ Expiration Date: _____

VISA INFORMATION:

Visa # _____ Gzr ktcvqp'F cvg: aaaaaaaaaa ""'F cvg"qh'WUCpvt { <aaaaaaaaaaaa
(MM/DD/YYYY) (MM/DD/YYYY)

Current Immigration Status:

<input type="checkbox"/> U.S. Immigrant/ Permanent Resident	<input type="checkbox"/> F-1 Student	<input type="checkbox"/> H1 Temporary Worker
<input type="checkbox"/> J-1 Exchange Visitor	<input type="checkbox"/> J-2 Dependent	<input type="checkbox"/> Other (Explain) _____

If J-1 Please Check Subtype:

<input type="checkbox"/> 01 Student	<input type="checkbox"/> 02 Short Term Scholar	<input type="checkbox"/> Professor	<input type="checkbox"/> 12 Research Scholar	<input type="checkbox"/> Other
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Have you ever had another immigration status in the U.S. before? Yes No (If 'YES' you must complete page 2)

PRIMARY ACTIVITY DURING THIS VISIT:

<input type="checkbox"/> Studying in a Degree Program	<input type="checkbox"/> Studying in a Non-Degree Program	<input type="checkbox"/> Teaching	<input type="checkbox"/> Lecturing	<input type="checkbox"/> Observing
<input type="checkbox"/> Temporary Employee	<input type="checkbox"/> Conducting Research	<input type="checkbox"/> Training	<input type="checkbox"/> Consulting	<input type="checkbox"/> Here with Spouse

Income Providing Activity (Visiting Investigator, Guest Student etc.) _____

Student Type:

<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> Postdoctoral
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Foreign National Information Form (FNIS) Page 2

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CITIZENS OF CANADA, MEXICO, KOREA, & INDIA ONLY:

Spouse in US? Yes No If 'Yes' will they work in the U.S.? Yes No Number of Dependents _____

IF CONSULTANT OR SELF-EMPLOYED & RECEIVING HONORARIA:

Number of Institutions from which you have received payments (for academic-related services) during the last six months? _____

Number of days you will perform services at WHOI? _____

Do/Will you have an office (fixed base) in the U.S.? Yes No

If you answered 'Yes' to the question above how many days in this tax year will you have a fixed base? _____

LIST ANY U.S. VISA IMMIGRATION ACTIVITY IN LAST 3 CALENDAR YEARS and ALL F, J, M or Q VISAS since 1/1/85:

Date of U.S. Entry (Month / Day/Year)	Date of U.S. Exit (Month / Day/Year)	Visa Status	If J-1, Subtype	Primary Activity	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
____/____/____	____/____/____	_____	_____	_____	<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 this form, I must submit a new Foreign National Information Form.

Signature: _____ Date: _____

(May be reproduced)