Woods Hole Oceanographic INSTITUTION

Foreign National Information Form (FNIF)
The Foreign National Information Form <u>MUST</u> 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: _____

U.S. LOCAL ADDRESS:

Address line 1: _____

Address line 2: _____

Address line 3: _____

City: _____

(4) State: _____ Zip Code: _____

FOREIGN RESIDENCE ADDRESS:

Address line 1: _____

Address line 2: _____

Address line 3/City: _____

Postal Code: _____ Province/Region: _____

Foreign Country: _____

PASSPORT INFORMATION:

Country of Citizenship: _____ **Country that Issued Passport:** _____

Passport #: _____ **Expiration Date:** _____

VISA INFORMATION:

Visa # _____ Gzrktcvkqp'Fcvg: aaaaaaaaaaaa   ""Fcvg'qh'WU'Gpvt{<aaaaaaaaaaaa
(MM/DD/YYYY)   (MM/DD/YYYY)

Current Immigration Status:

__ U.S. Immigrant/ Permanent Resident   __ F-1 Student   __ H1 Temporary Worker

__ J-1 Exchange Visitor   __ J-2 Dependent   __ Other (Explain) _____

If J-1 Please Check Subtype:

__ 01 Student   __ 02 Short Term Scholar   __ Professor   __ 12 Research Scholar   __ Other

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:

__ Studying in a Degree Program   __ Studying in a Non-Degree Program   __ Teaching   __ Lecturing   __ Observing

__ Temporary Employee   __ Conducting Research   __ Training   __ Consulting   __ Here with Spouse

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

Student Type:

__ Undergraduate   __ Graduate   __ Postgraduate   __ Postdoctoral

Foreign National Information Form (FNIS) Page 2
The Foreign National Information Form <u>MUST be completed (Both Sides) and returned before you can receive any form of payment</u>.

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?
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No
____/____/____/	____/____/____/	_____	_____	_____	_ Yes _ No

I hereby certify that all of the above information is true and correct. I understand that if my status changes OR if I leave the country I must notify the Payroll office.

Signature: _____ Date:

(May be reproduced)