

SOUTHWESTERN UNIVERSITY

Foreign Visitor Information Form

This form must be completed before a foreign visitor can receive any form of payment (honorarium, scholarship, wages, or business-related reimbursement). The following documents must be attached to the completed form:

1. Copy of Passport
2. Copy of Visa or ESTA
3. Copy of ITIN Card, if applicable
4. Copy of Form I-20 or Form IAP66/DS2019, if you are a student

Personal Information

Last (Family) Name: _____

First Name: _____ Middle Name: _____

U.S. Social Security No or Individual Taxpayer Identification No: _____

Date of Birth: _____ (mm/dd/yy)

U.S. Telephone No: (Home) _____

U.S. Telephone No: (Work) _____

Email Address: _____

U.S. Address: _____ Permanent (Foreign Residence) Address _____

Street _____
Street _____

City _____
City _____

State _____ *Zip Code* _____
Province/State _____ *Postal Code* _____

Country _____

Passport Information

Citizen of: _____

Country that Issued Passport: _____

Passport Number: _____ Expiration Date: _____

Visa Number: (Control Number in Upper Right Corner of Passport): _____

Visa Information

Current Immigration Status (*only choose one of the following two questions*):

U.S. Immigrant/Permanent Resident (attach copy of green card)

Non-resident with a Visa (B-1, H-1B, J-1, F-1, ESTA etc...) (attach copy of Visa)

Primary Activity During This Visit (ex: lecturing, consulting, conducting research, studying, etc...)

Date of Entry into U.S. for this Activity: _____
Month / Day / Year

Projected End Date of this Activity: _____
Month / Day / Year

If you are a consultant or self-employed individual who will receive an honorarium, complete the following 4 questions.

1. Number of Days you will perform services on the SU campus: _____
2. Number of institutions from which you have received payments for academic-related services during the last 6 months: _____
3. Do you have an office in the U.S.? Yes No
4. If yes, how many days in this tax year did you have an office? _____

Payment Information

Payment Type: Wages Scholarship Honorarium
 Prize/Award Other

SU Department/Faculty Member coordinating your visit: _____

Payment Amount: _____

Estimated Travel Reimbursement Amount (if any): _____

Residency Verification

What country did you live in prior to this visit to the U.S.A.? _____

Did you pay taxes as a resident of that country? Yes No

If no, what country did you pay taxes in? _____

U.S. Immigration History

Have you been in the United States prior to this visit? Yes No

Have you had another immigration status in the U.S.? Yes No

If you answered "yes" to either question, check the following box or complete the following:

In lieu of completing the following information, I give the Southwestern University Business Office permission to access my I-94 record on my behalf Yes

Date of first entry into the United States _____
Month / Day / Year

List **ALL** Visa Immigration Activity during the last 3 calendar years and all F, J, M or Q Visa Activity since January 1, 1985. *(Attach additional pages if necessary)*

Date of U.S. Entry (month/day/year)	Date of U.S. Exit (month/day/year)	Visa Status	J-1 Category	Primary Activity	Tax Treaty Benefits Taken?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 the form, I must submit a new Foreign Visitor Information Form to the Business Office.

Signature: _____ Date: _____