

THE NEW SCHOOL

A UNIVERSITY

FOREIGN NATIONAL INFORMATION COLLECTION FORM

This form MUST be completed and submitted before you can receive any form of payment.
All applicable questions below must be answered. A copy of: both sides of your 1-94 Form, S.S/ITIN card, 8233 form, your VISA from your passport, the picture page of your passport, stamp page, and an I-20 or DS2019 form must be submitted with this form.

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

(2) U.S issued Social Security/ITIN # _____ / _____ / _____ (3) Date of Birth: _____ / _____ / _____

(4) New School Id: N _____

<p>(5) U.S. LOCAL ADDRESS:</p> <p>(5) _____</p> <p>(5) _____</p> <p>(5) City _____ State _____ Zip Code _____</p> <p>(5) Email: _____</p> <p>(5) Phone: _____</p>	<p>(6) FOREIGN RESIDENCE ADDRESS:</p> <p>(6) _____</p> <p>(6) _____</p> <p>(6) City _____</p> <p>(6) Postal Code: _____ Province/Region: _____</p> <p>(6) Foreign Country: _____</p>
--	---

(7) Country of Citizenship: _____ County that Issued Passport: _____

(8) Passport #: _____ (9) Visa # _____ (10) Visa Exp. Date _____
(not the Control # that begins with a year)

(11) IMMIGRATION STATUS:

B-1 Visitor for Business

B-2 Visitor for Pleasure

F-1 Student

J-2 Spouse or Child of Exchange Visitor

J-1 Exchange Visitor

H-1 Temporary Employee

O-2 Personnel Accompanying O-1 Alien

O-1 Alien of Extraordinary Arts Ability

P-1 Int'l. Renowned Performing Group

P-3 Culturally Unique Performers/Groups

WT Visa Waiver

Other _____

(12) IF IMMIGRATIONS STATUS IS J-1, WHAT IS THE SUBTYPE?

01 Student

05 Professor

12 Research Scholar

02 Short Term Scholar

(13) IF A STUDENT, WHAT TYPE?

Undergraduate

Masters

Doctoral

Other _____

(14) WHAT IS THE PRIMARY ACTIVITY OF THE VISIT?

01 Studying in a Degree Program

02 Studying in a Non-Degree Program

03 Teaching

04 Lecturing

05 Observing

06 Consulting

07 Conducting Research

08 Training

09 Demonstrating Special Skills

10 Clinical Activities

11 Temporary Employee

12 Here with Spouse

(15) WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?

_____/_____/_____
Month Day Year

(16) WHAT IS THE ACTUAL DATE YOU ENTERED THE U.S.A.?

_____/_____/_____
Month Day Year

(17) WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS FOR THIS ACTIVITY?

_____/_____/_____
Month Day Year

**(18) INCOME PROVIDING ACTIVITY
(e.g. Professor of Chemistry)?**

- Employment Income \$ _____ est.
(Income from Employment at
The New School)
- Self Employment \$ _____ est.
(Independent Personal Services)
- Scholarship/Fellowship \$ _____ est.

(19) SPOUSE IN U.S.A.?

- Yes No
No. of dependents _____

**(20) Is your tax residence different from the
country that issued your Visa?**

- Yes No

**If Yes, Name of Country that you pay your
taxes: _____**

**(21) FOR CONSULTANTS/
SELF EMPLOYED INDIVIDUALS:**

Do you/will you have an office (fixed base) in
the U.S.A.?

- Yes No

If yes, how many days in this tax year will you
have the office (fixed base?)

No. of Days: _____

(22) PLEASE LIST ANY U.S. VISA IMMIGRATION ACTIVITY IN LAST 10 CALENDAR YEARS :

Date of Entry (Month / Day/Year)	Date of Exit (Month / Day/Year)	Visa Immigration Status	If J-1, Subtype	Primary Activity	Have you taken any 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

Have you taken steps to become a "Legalized Permanent Resident"	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you wish to claim any available "treaty exemption from tax" benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the activity to receive the honorarium to last more than 9 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you receive an honorarium from more than 5 organizations in the prior 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the activity to be performed a normal academic activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Under the penalties of perjury, I declare that to the best of my knowledge and belief, the above statements are true, correct and complete. 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 to Accounts Payable Office.

Signature: _____ Date: _____