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 I-94 Record
4. Copy of ITIN Card
5. If a student, copy of Form I-20 or Form IAP66/DS2019

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:

_____
Street

_____
City

_____
State *Zip Code*

Permanent (Foreign Residence) Address

_____
Street

_____
City

_____
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: _____