THE NEW SCHOOL
A UNIVERSITY

FOREIGN NATIONAL INFORMATION COLLECTION FORM

<u>This form MUST be completed and submitted before you can receive any form of payment.</u>
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, and an I-20 or DS2019 form must be submitted with this form.

(1) Last or Family Name_____**First**_____**Middle**_____

(2) Social Security/ITIN # _____/_____/_____ **(3) Date of Birth**: _____/_____/_____

(4New School Id: N_____

(5) U.S. LOCAL ADDRESS:

(5) _____

(5) _____

(5) City_____ State_____Zip Code _____

(5) Email: _____

(5) Phone:_____

(5) FOREIGN RESIDENCE ADDRESS:

(6)_____

(6)_____

(6) City_____

(6) Postal Code:_____Province/Region:_____

(6) Foreign Country:_____

(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 3 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?
____/ ____ /____	____/ ____ /____	_____	_____	_____	☐Yes ☐No
____/ ____ /____	____/ ____ /____	_____	_____	_____	☐Yes ☐No
____/ ____ /____	____/ ____ /____	_____	_____	_____	☐Yes ☐No
____/ ____ /____	____/ ____ /____	_____	_____	_____	☐Yes ☐No
___/ ____ /____	____/ ____ /____	_____	_____	_____	☐Yes ☐No

Is your education funded by foreign sources?	☐Yes☐ No Funding Organization Name:
Is your education funded by a charitable organization?	☐Yes☐ No Funding Organization Name:
Is your education funded by an international organization?	☐Yes ☐No Funding Organization Name:
Is your education funded by any government agency?	☐Yes ☐No Funding Organization Name:
Do you wish to prove a "closer connection" to your home country?	☐Yes ☐No Funding Organization Name:
Have you taken steps to become a "Legalized Permanent Resident"	☐ Yes ☐No
Do you wish to claim any available "treaty exemption from tax" benefits?	☐ Yes ☐No
Is the activity to receive the honorarium to last more than 9 days?	☐ Yes ☐No
Did you receive an honorarium form more than 5 organizations in the prior 6 months?	☐ Yes ☐No
Is the activity to be performed a normal academic activity?	☐ Yes ☐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: _____