



UNIVERSITY of HAWAII\*  
FOUNDATION

**FOREIGN NATIONAL INFORMATION FORM**

**This Form must be completed before you can receive any form of payment from the University of Hawaii Foundation**

All applicable questions below must be answered. A copy of both sides of your I-94 Form "Arrival and Departure Record" (a small white card inside your passport), copy of your U.S. Visa from your passport, and Form I-20 "Certificate of Eligibility for Nonimmigrant (F-1) Student Status—for Academic and Language Students" or Form IAP-66 (DS-2019) "Certificate of Eligibility for Exchange Visitor (J-1) Status" must be attached to this form. This form must be returned before any check can be issued by the University of Hawaii Foundation (UHF) and must also be completed by anyone receiving a scholarship/fellowship, grant or award.

(1) **Name:** Last or Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

(2) **Social Security #:** \_\_\_\_\_

(3) **U.S. Local Street Address:**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

(4) **Permanent Foreign Address:**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

Address Line 3/City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Province/Region: \_\_\_\_\_

Foreign Country: \_\_\_\_\_

(5) **Country of Citizenship:** \_\_\_\_\_

(6) **Country That Issued Passport:** \_\_\_\_\_

(7) **Passport #:** \_\_\_\_\_

(8) **Visa #:** \_\_\_\_\_

(not the control number that begins with a year)

(9) **Have you ever had another immigration status in the United States?**  Yes  No

(10) **Immigration Status:**

- U. S. Immigrant/Permanent Resident
- F-1 Student
- J-2 Spouse or Child of Exchange Visitor
- J-1 Exchange Visitor
- H-1 Temporary Employee
- Other: \_\_\_\_\_

(11) **If immigration status is J-1, what is the subtype? Check one:**

- 01 Student
- 02 Short Term Scholar
- 05 Professor
- 07 Other: \_\_\_\_\_
- 12 Research Scholar

(12) **What is the actual primary activity of the visit check one:**

- 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 Employment
- 12 Here with Spouse

(13) **What is the actual date you entered the United States?:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

(14) **What is the start date of your immigration status for this primary activity?:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

(15) **What is the projected end date of your immigration status primary activity?:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

(16) **What type student:**

- Undergraduate
- Masters
- Doctoral
- Other: \_\_\_\_\_

(17) **Country of tax residence if different from foreign residence address:**

Did tax residency end?  Yes  No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

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 this form I must submit a new Foreign National Information Form to the UHF Fiscal Office.

Signature: \_\_\_\_\_ Local Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

## FOREIGN NATIONAL INFORMATION FORM (page 2)

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**PLEASE LIST ALL F, J, M OR Q VISAS SINCE JANUARY 1, 1985 AND ANY OTHER VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS :**

Date of Entry	Date of Exit	Visa Immigration Status	J-1 Subtype	Primary Activity	Have You Taken Any Treaty Benefits?
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No
___/___/___	___/___/___	_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No

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 this form I must submit a new Foreign National Information form to the UHF Fiscal Office.

Signature: \_\_\_\_\_ Local Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_ Date: \_\_\_\_\_

### Countries with Tax Treaties with United States

Country	Maximum Presence in U.S.	Maximum amount
Belgium	5 years	No limit
China, People's Republic of	No limit	No limit
Commonwealth of Independent States	5 years	\$9,999 p.a.
Cyprus	5 years	No limit
Czech Republic	5 years	No limit
Egypt	5 years	No limit
Estonia	5 years	No limit
France	5 years	No limit
Germany	No limit	No limit
Iceland	5 years	No limit
Indonesia	5 years	No limit
Israel	5 years	No limit
Kazakistan	5 years	No limit
Korea, Republic of	5 years	No limit
Latvia	5 years	No limit
Lithuania	5 years	No limit
Luxemborg	No limit	No limit
Morocco	5 years	No limit
Netherlands	3 years	No limit
Norway	5 years	No limit
Pakistan	No limit	No limit
Philippines	5 years	No limit
Poland	5 years	No limit
Portugal	5 years	No limit
Romania	5 years	No limit
Russia (grants, allowances & other similar payments)	5 years	No limit
Slovak Republic	5 years	No limit
Spain	5 years	No limit
Thailand	5 years	No limit
Trinidad and Tobago	5 years	No limit
Tunisia (full-time student or trainee only)	5 years	No limit
Venezuela	5 years	No limit