

ALIEN INFORMATION COLLECTION FORM (AICF)

The information requested below is strictly confidential and will only be used for tax withholding and reporting purposes.

Please complete all applicable questions.

Personal Information

Last or Family Name First Middle Mr., Mrs. Ms, Dr. (Circle One)

Social Security # or ITIN # _____ Date of Birth ____/____/____

U ID # _____ month day year

US Local Street Address:

Foreign Residence Address:

Phone Number: (Home) _____

Phone Number (Work) _____

Country of Citizenship _____

Country that issued Passport _____

Passport # _____

Visa # (Not the control number) _____

Current Immigration Category

My current visa type is: (Mark only one line)

☐ US Immigrant/Permanent Residence ☐ F1 Student ☐ J1 Student ☐ J1 Professor, Researcher or Trainee
☐ H-1B Employee ☐ Other

If immigration status is J1, What is the category? Check only one

☐ 01 Student ☐ 05 Professor ☐ 12 Research Scholar ☐ 02 Short Term Scholar ☐ 07 Alien Physician ☐ Other

What is the primary purpose of your current stay in the U.S? Check only one

☐ 01 Studying in a degree program ☐ 05 Observing ☐ 09 Demonstrating Special Skills
☐ 02 Studying in a non-degree program ☐ 06 Consulting ☐ 10 Clinical Activities
☐ 03 Teaching ☐ 07 Conducting Research ☐ 11 Temporary Employment
☐ 04 Lecturing ☐ 08 Training ☐ 12 Here with Spouse

What is the actual date you first entered the US in your current visa status?

____/____/____

When does your permission to stay in the U.S. expire?

____/____/____

If Student, what type?

☐ Undergraduate ☐ Graduate
☐ Post Graduate ☐ Medical Student

If married, is spouse in US? Yes ☐ No ☐

Number of dependents here, other than spouse. _____

<OVER>

Prior US Immigration Activity

Please list all periods of stay in the US during the last 3 calendar years, and all F, J, M, or Q visa periods since Jan 1, 1988:

Date of Entry To U.S.	Date of Exit from U.S.	Visa Immigration Status	J1 Subtype (If J1 Status)	Purpose of Stay	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
____/____/____	____/____/____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

If your country has a treaty with the U.S., but you elect not to use these benefits, please initial here: _____

I hereby certify that all of the above information is COMPLETE, TRUE, and CORRECT. I understand that if my status changes from that which I have indicated on this form, I must submit a new Alien Information Collection Form.

Signature _____

Date: _____