**All questions below must be answered**

Copies of the following documents must be attached to this completed and signed form:

[ ]  Passport

[ ]  Visa

[ ]  I-94 Departure Record

[ ]  I-94 Travel History

[ ]  Social Security Card or ITIN Card

[ ]  Form I-20, Form I-797, or

Form IAP66/DS2019

[ ]  EAD Card (if applicable)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Last (Family) Name** |  | **First** |  | **Middle** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Social Security or ITIN #** |  | **Banner ID #** |  | **Telephone #** |  |

|  |  |
| --- | --- |
| **Date of Birth** |  |

**Address in United States:**

|  |  |
| --- | --- |
| Line 1 |  |
|  |  |
| Line 2 |  |
|  |  |
| Line 3 |  |
|  |  |
| City |  |
|  |  |
| State, Zip |  |

**Foreign Address:**

|  |  |
| --- | --- |
| Line 1 |  |
|  |  |
| Line 2 |  |
|  |  |
| City Postal Code |  |
|  |  |
| City |  |
|  |  |
| Region, Country |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Country of Citizenship** |  | **Country that issued Passport** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Passport #** |  | **Expiration Date** | **/  /** | **Visa Control #** |  |

 *(Month/Day/Year)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Visa Type** (e.g. F-1, J-1, etc.) |  | **If J-1, what is the subtype?** |  |

|  |  |
| --- | --- |
| **What is the primary activity of this visit?** (e.g. Studying in a program, teaching, research, etc.) |  |

**What is the arrival date of your FIRST visit to the United States?   /  /**

 *(Month/Day/Year)*

**Start date of your activity at ECU   /  /     Projected end date of activity at ECU?   /  /**

 *(Month/Day/Year) (Month/Day/Year)*

|  |  |
| --- | --- |
| **What is your Job/Activity and Department?** (Ex: RA/TA Biology) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Type:** (Ex: Wages, Scholarship, etc) |  | **Payment Amount:** |  |

|  |  |
| --- | --- |
| **Student Type** (Ex: Undergraduate, Masters) |  |

|  |  |
| --- | --- |
| **What country did you live in before this visit to the U.S.?** |  |

**Is your spouse in the U.S.?** [ ] Yes [ ] No **Spouse Employed?** [ ] Yes [ ] No **Other Dependents in U.S.?** [ ] Yes [ ] No

**If legally allowed to do so, do you want to claim an exemption for your spouse or other dependents?** [ ] Yes [ ] No

|  |  |
| --- | --- |
| **If yes, how many?** |  |

|  |  |
| --- | --- |
| **What country did you live in before this visit to the U.S.?** |  |

**Did you pay taxes as a resident of that country?** [ ] Yes [ ] No

**Did your tax residency in that country end prior to this visit to the U.S.?** [ ] Yes [ ] No

|  |  |
| --- | --- |
| **If yes, when?** |  |

**Are you a citizen of any country other than your country of birth?** [ ] Yes [ ] No

|  |  |
| --- | --- |
| **If yes, what country?** |  |

**Have you been to the United States before your arrival to ECU?** [ ] Yes [ ] No

**Have you ever had another Visa type in the United States?** [ ] Yes [ ] No

**PREVIOUS HISTORY**

Please list all F, J, M, and Q visa immigration activity since January 1, 1985 and all other immigration activity for the past three calendar years.

Date of Entry Date of Exit Visa Type Subtype Primary Activity of Visa Did you use treaty

*(Month/Day/Year)* *(Month/Day/Year)* (if on a J-1) Benefits?

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**/  /       /  /**    [ ] Yes [ ] No

**I hereby certify that all of the above information is true and correct. I understand if any of the information changes, I must contact** **internationaltax@ecu.edu** **immediately.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**I consent to allow** **Internationaltax@ecu.edu** **to access my electronic I-94 record/travel history using the online retrieval system at** [**www.cbp.gov/i94**](http://www.cbp.gov/i94)**.** Initial