

All questions below must be answered

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Visa | <input type="checkbox"/> Social Security Card or ITIN Card |
| <input type="checkbox"/> I-94 Departure Record | <input type="checkbox"/> I-94 Travel History | <input type="checkbox"/> EAD Card (if applicable) |
| <input type="checkbox"/> Form I-20, Form I-797, or Form IAP66/DS2019 | | |

Identity:

Last (Family) Name _____ First _____ Middle _____
Social Security or ITN # _____ Banner ID # _____ Telephone # _____
Date of Birth _____ Email Address _____

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 _____

Background:

Country of Citizenship _____ Country that issued Passport _____
Passport # _____ Expiration Date _____ (mm/dd/yyyy) Visa Control # _____
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? _____ (mm/dd/yyyy)
Start date of your activity at ECU _____ (mm/dd/yyyy)
Projected end date of activity at ECU _____ (mm/dd/yyyy)
What is your Job/Activity and Department? (Ex: RA/TA Biology) _____
Payment Type: (Ex: Wages, Scholarship, etc) _____ Payment Amount: _____
Student Type (Ex: Undergraduate, Masters) _____
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

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 (mm/dd/yyyy)	Date of Exit (mm/dd/yyyy)	Visa Type	Subtype (if on a J-1)	Primary Activity of Visa	Did you use 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
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Certification and Consent:

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. Initial _____