



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

- | | | |
|--|---|--|
| <input type="checkbox"/> 01 Studying in a degree program | <input type="checkbox"/> 05 Observing | <input type="checkbox"/> 09 Demonstrating Special Skills |
| <input type="checkbox"/> 02 Studying in a non-degree program | <input type="checkbox"/> 06 Consulting | <input type="checkbox"/> 10 Clinical Activities |
| <input type="checkbox"/> 03 Teaching | <input type="checkbox"/> 07 Conducting Research | <input type="checkbox"/> 11 Temporary Employment |
| <input type="checkbox"/> 04 Lecturing | <input type="checkbox"/> 08 Training | <input type="checkbox"/> 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. _____

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?
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ No
___/___/___	___/___/___	_____	_____	_____	___ Yes ___ 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: _____