

Foreign National Information Form Scholarship/Fellowship Recipients

This form needs to be completed by all foreign nationals who receive scholarship and/or fellowships.

Open this document using a recent version of Adobe Acrobat or Reader, type in your responses and print the form. Submit a hard copy of this form and or questions to Laurie Bouchard Comptroller's office at Lmbouchard@amherst.edu or (413) 542-8494

Full Name		Social Security or Taxpayer ID #	
Permanent Home Address			
Mailing Address if different from above			

1. What is your Visa status ? If your status is J-1 what is your Visa Subtype ?

What country are you a citizen of ?

What country are you a tax resident of, if different from above ?
(Please insert the country that you are liable for taxes, if different from your country of citizenship)

2. What is your initial entry date into the U.S on your current visa status ?

3. What date do you anticipate leaving the U.S. after the completion of your studies ?

4. Were you present in the U.S. for any other days during the current or previous 7 years ? Yes No

4a. If yes, please list the date(s) and visa status and indicate whether you claimed treaty benefits, including the relevant treaty and article number

Date of Entry <small>click to enter date</small>	Date of Exit <small>click to enter date</small>	Visa Status	Treaty Benefits Article #
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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5. What is the payment for ?

6. Are you eligible for and do you want to elect to claim treaty benefits ?

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 Comptroller's Office.

Signature _____ Date _____