

**University of Alaska International Form**



Date: \_\_\_\_\_  
 Name: \_\_\_\_\_  
(Last, First, MI)  
 UA ID#: \_\_\_\_\_

Campus: \_\_\_\_\_

Year: \_\_\_\_\_ Sem:  Fall  Spring  Sum.

Check one and provide ID#:  U.S. SSN: \_\_\_\_\_  
 U.S. ITIN: \_\_\_\_\_

*If you are a U.S. citizen or U.S. permanent resident, do not complete this form.*

**Section A. Complete only if you are a J-1 Visa Research Scholar.**

Sponsoring Department: \_\_\_\_\_ Phone#: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Section B. To be completed by all. Please print clearly. Show all dates in month/date/year (mm/dd/yy) format.**

Citizenship: Citizen of \_\_\_\_\_ Birthdate: \_\_\_\_\_  Male  Female  
 What country did you live in prior to coming to the U.S.? \_\_\_\_\_ Dates of residence? \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
 University of Alaska Employee:  Yes  No Student Employee/Graduate Assistant:  Yes  No

Date of First Entry into the U.S. in any Visa category: _____		Current Entry I-94 Date: _____	
Current I-94 Expiration: <input type="checkbox"/> D/S or <input type="checkbox"/> Date: _____	Form I-20 or DS2019 valid from: ____/____/____ to ____/____/____		
Passport: _____	Country of Issue: _____	Expiration Date: _____	
U.S. Visa Type: <input type="checkbox"/> F-1 <input type="checkbox"/> TN <input type="checkbox"/> B-1 <input type="checkbox"/> H1-B <input type="checkbox"/> Other Type: _____		Expires: _____	
<input type="checkbox"/> J Visa, category as specified on DS-2019: _____			

In the table below, please list your travel to the United States and travel dates for the last seven years through the present.

Check box if you have been in the U.S. as Visa category F, J, M, or Q prior to 7 years ago and complete travel information.

Arrival Date (mm/dd/yy)	Departure Date (mm/dd/yy)	Visa Type (ex: F-1, F-2, etc.)	Purpose of presence in U.S. (ex: study, tourist, conference, etc.)	UA Staff Use Only		
				Exempt from SPT?		SPT Calculation
				Yes/No	Year	
						# days in current year: _____
						# days in last year x 1/3: + _____
						# days in year before last x 1/6: + _____
						Total Days for SPT = _____
						If <= 182 is NRA      If >= 183 is RA
						Date of tax residency change: _____
						By _____ Date _____

**Alaska Address and Mailing Address:** (Your status is at risk if you do not notify International Programs of address changes within 10 days)

Physical Address (no PO Box or Department addresses): \_\_\_\_\_ Mailing Address (if different from Physical Address): \_\_\_\_\_  
 \_\_\_\_\_  
 Local Telephone: (907) \_\_\_\_\_ Email: \_\_\_\_\_

**Permanent Home Country Information:** DO NOT use your university or business address.

Emergency Contact Information (closest living relative): \_\_\_\_\_ Home Country Address (if different from Emergency Contact): \_\_\_\_\_  
 Name/ Relationship: \_\_\_\_\_  
 Language: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

**Section C. To be completed by all.**

I certify that the above is true and correct according to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_