

Revised 12/20/2023

Foreign National Information Worksheet and Substantial Presence Test							
Last (Family) Name:		First Name:					
U.S. Social Security Number: If you do not have a U.S. Social Security number, have you applied for one?							
Immigration Status (Visa Class): F-1 O-1 J-1 TN H-1B Other:							
First date of entry in yo	ur current status:						
I-20, DS-2019, or I-94 end date: Country of citizenship:							
Please list any visits to the U.S. prior to your current status. If no visits, please check here:							
Year of En	try Year of Ex	xit Visa Class		Prin	nary Purpose of Visit	•	
Please check the appropriate box (check only one box):							
 I am a non-student in J or Q status and I've been in the U.S. in this status for less than two of the past seven years. I am a student in F, J, M, or Q status and I've been in the U.S. in this status for less than five years. None of the above apply. If you check this box, please complete the Substantial Presence Test below. 							
Substantial Presence Test Complete this section only if you checked the last box above ("None of the above apply").							
Years	Visa Class Da	ate of Entry in U.S.	Date of Departure	Total Numbe	er of Days in the U.S.		
2024						X 1=	
2023						X 1/3 =	
2022						X 1/6 =	
						TOTAL	
Certification I hereby certify, under penalties of perjury, that the information provided on this form is true and correct to the best of my knowledge. In addition, I agree to notify Human Resources Management immediately if any of the information I provided on this form changes. Signature Date							
Please return worksheet to: Truman State University, Office of Human Resources, McClain Hall 101 or Fax to: (660) 785-7520 100 E. Normal Ave., Kirksville, MO 63501							
FOR ADMINISTRATIVE USE ONLY							
Exempt Years:							
Exempt Days: Residency Status:		Change Dat	te:		Start Date:		
nesiderity status.	Change Dai	Change Date:			Start Date:		