



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 your 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 Entry | Year of Exit | Visa Class | Primary Purpose of Visit |
|---------------|--------------|------------|--------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please check the appropriate box (check only one box):

- I am a U.S. Permanent Resident.
- 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 | Date of Entry in U.S. | Date of Departure | Total Number of Days in the U.S. | |
|-------|------------|-----------------------|-------------------|----------------------------------|---------|
| 2025 | | | | | X 1 = |
| 2024 | | | | | X 1/3 = |
| 2023 | | | | | 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 Date: | Start Date: | | |