

MIAMI UNIVERSITY  
Foreign National Information Form

PERSONAL INFORMATION

Last or Family Name: \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_

U

PRIMARY ACTIVITY DURING THIS VISIT (Choose Only One)

- |   |   |
|---|---|
| <input type="checkbox"/> Studying in a degree program | <input type="checkbox"/> Studying in a non-degree program |
| <input type="checkbox"/> Teaching                     | <input type="checkbox"/> Lecturing                        |
| <input type="checkbox"/> Observing                    | <input type="checkbox"/> Consulting                       |

What level do you study?

- |  |                                  |                                   |                                       |
|--|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Masters | <input type="checkbox"/> Doctoral | <input type="checkbox"/> Other: _____ |
|--|----------------------------------|-----------------------------------|---------------------------------------|

RESIDENCY VERIFICATION

What country did you live in before coming to the U.S. for the purpose of study? \_\_\_\_\_

Did you pay taxes as a resident of that country?  Yes  No

Did your tax residency in that country end prior to this visit to the U.S.?  Yes  No

If yes, when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

U.S. IMMIGRATION HISTORY