



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): <input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> J-1 <input type="checkbox"/> J-2 <input type="checkbox"/> H-1B <input type="checkbox"/> 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
Example: 2003	2005	F-1	Student
2006	2007	J-1	Research Scholar
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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.	
2016					X 1 =
2015					X 1/3 =
2014					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: The University at Albany, Office of Human Resources Management, UAB 300
or Fax to: (518)-437-3831 1400 Washington Avenue, Albany, NY 12222

FOR ADMINISTRATIVE USE ONLY

Exempt Years:				
Exempt Days:				
Residency Status:	Change Date:		Start Date:	