

IMPORTANT NOTICE: No payment can be remitted without completion of this form. It is strongly advised to complete this form **BEFORE** sending the "[Contracted Services Agreement- Non-Resident Alien](#)" document to your prospective FN service provider – **this includes guest lectures for reimbursement!**

Date _____

Information About the NDSU Host Department/Unit

Department Name _____
Contact Person _____
NDSU Email Address _____
Telephone Number _____

Dates Foreign National will spend at NDSU

From _____ To _____

Clearly describe the proposed activities of the Foreign National

Is the FN currently inside the United States?

NO Send FN's CV/Resume + copy of photo/bio page of passport to ndsu.immigration@ndsu.edu

YES Providing the email address of the FN below indicates your permission for Faculty Immigration Services to contact your FN Service Provider directly, so that we may assess their eligibility for reimbursement according to their current US immigration status.

FN's Name: _____

Email address: _____

Route this form to ndsu.immigration@ndsu.edu

For Faculty Immigration Services Use

Export Controls Vetted Date _____
 Approval

_____ is eligible to receive reimbursement from NDSU, per US immigration regulations.

NOTES:

Faculty Immigration Advisor/Representative

Date