Clear Form Fields

THE UNIVERSITY OF ARIZONA
SUBSTANTIAL PRESENCE TEST

BOX 1: PERSONAL INFORMATION

LAST / FAMILY NAME FIRST NAME MIDDLE INITIAL I.T.I.N. OR U.S. SOCIAL SECURITY NUMBER

_____ _____

DATE OF BIRTH

_____

BOX 2: PERMANENT ADDRESS

STREET ADDRESS CITY CITY POSTAL CODE

_____

PROVINCE/REGION REGION POSTAL CODE COUNTRY

_____

BOX 3: DETERMINATION OF RESIDENCE FOR TAX PURPOSES

A) ARE YOU A CITIZEN OF THE UNITED STATES? ☐ YES ☐ NO

a) IF NO, WHAT COUNTRY ARE YOU A CITIZEN OF? _____

b) **IF YES, YOU CANNOT BE PAID WITH OPERATIONAL ADVANCE FUNDS WITHOUT PRE-APPROVAL.**

B) ARE YOU CURRENTLY LIVING IN THE UNITED STATES? ☐ YES ☐ NO

a) IF YES, WHAT VISA TYPE ARE YOU ON? _____

BOX 4: PHYSICAL PRESENCE INFORMATION

PLEASE INDICATE THE NUMBER OF DAYS YOU WERE PHYSICALLY PRESENT IN THE U.S IN THE LAST THREE YEARS.
(If additional space is required, please attach a separate sheet.)

CALENDAR YEAR (Example 1999)	PERIOD(S) WHEN YOU WERE PHYSICALLY PRESENT IN THE U.S. LIST THE DATES BELOW (EXAMPLE 3/12/98 TO 12/31/98)	TOTAL DAYS PRESENT IN THE U.S.	VISA TYPE	PURPOSE OF ENTRY

BOX 6: CERTIFICATION OF INFORMATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL OF THE INFORMATION I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.

SIGNATURE _____ DATE _____

PRINT NAME _____