1

TN Information Sheet for Employees

| 1. Name: As it appears on your passp | ort | | | |
|---------------------------------------|-------------------------|------------------------------|----------------------|--|
| Family Name | First | | Middle | |
| 2. Email Address: | | Phone: | | |
| 3. Date of Birth (mm/dd/yyyy): | | 4. Male | Female | |
| 5. All Other Names Used (include ma | iden name and | d names from all previous | s marriages) | |
| 6. Social Security # | | | | |
| 8. Province of Birth | | Country of Birth: | | |
| 9. Country of Citizenship: | | | | |
| 10. Information on current status. (A | All dates shoul | d be written <i>mm/dd/yy</i> | yy) | |
| Date of Last Arrival: | | I-94#: | | |
| Current Nonimmigrant Status: | | Date Status Expires: | | |
| SEVIS Number (if currently in | F or J status) | | | |
| Employment Authorization N | lumber (<i>this is</i> | s only for F-1 on OPT or J | -2 with work authori | zation) |
| Passport Number: | | Date Passport Issued: | | |
| Passport Expiration Date: | | | | |
| Current U.S. address: | | | _ | |
| | | | _ | |
| | | | | |
| 11. Do you have dependents? | Yes | No If yes, please li | st. | |
| Name as it appears on passport | Age | Relationship to yo | | Will this person need an TD? Yes or No |
| | | | | |
| | | | | |
| | | | | |

(Attach a separate sheet if additional space is needed.)

| 12. Have you or your de If yes, explain on a | Yes | No | | | |
|--|--|-----------------------------------|----------------------|----------------|----|
| 13. Do you have any cri | Yes | No | | | |
| 14. Are you or any depe | Yes | No | | | |
| 15. Have you ever been | Yes | No | | | |
| 16. Have you ever been | | Yes | No | | |
| 17. Do you plan to trave | | Yes | No | | |
| 18. Have you ever been | a J-1 exchange visitor | r or J-2 dependent of a J-1 excha | nge visitor? | Yes | No |
| If yes, provide th | ne dates you maintain | ed status as a J-1 or J-2. | | | |
| FROM | ТО | FROM | ТО | | |
| | | | | | |
| (Attach a separate sheet | ;, if additional space is | needed.) | | | |
| 19. Has anyone ever su petition for you or y | _ | t (permanent residency) | Yes | No | |
| | that granted the degr tution in the U.S., you | | ials Evaluation. | See credential | |
| 21. Major Field of Study | /: | | | | |
| 22. If currently in TN st | atus, provide name of | f current employer. | | | |
| Expected last da | y of employment witl | h this employer. | | | |
| All the above information | on is complete and acc | curate. | | | |
| Signature: | | Date: | | | |
| | | | | | |



International Student & Scholar Services

2012 Tunstall Cir, Suite 104 || Jardine Complex, Building 7

Manhattan, KS, 66502 U.S.A.

Phone: (785) 532-6448 - Fax: (785) 532-6607

E-mail: isss@ksu.edu

ksu.edu/isss - facebook.com/isssksu

DOCUMENT CHECKLIST

| □ TN I | Information Sheet |
|----------------------------------|---|
| Please n | ote that you must submit <u>3 copies</u> of all the documents listed below. |
| • Di in • If | y of your diploma and transcripts. iploma and transcripts must be translated into English. See below for translation certification formation. your degree is from outside the U.S., you must submit a credentials evaluation. A list of professional valuators are listed below. You should request a general evaluation for visa purposes. The evaluator will sue a report that states the degree you earned outside the U.S. is equivalent to the same in the U.S. |
| ☐ Copy | y of your Curriculum Vitae. |
| ☐ Cop | y of your passport ID page |
| ☐ Cop | y of your I-94. |
| • If en in • If su th De yc • If | presently in F status, a copy of pages 1 and 3 of all Forms I-20 issued to you and a copy of your imployment authorization document (EAD) if on optional practical training (OPT). If you are an F-2, aclude your spouse's Form I-94, current I-20, and current EAD (if applicable). If you are an F-2, acquired to the two-year home residency requirement, also include a waiver approval notice from USCIS. If we waiver has not yet been approved, then submit the letter recommending the waiver from the U.S. epartment of State. If you are a J-2, include your spouse's I-94, current DS-2019, and any EADs issued to you. In TN status, a copy of all previous TN approval notices (Form I-797), if applicable and your 3 most excent pay statements. If you are not currently employed at K-State, you must maintain employment with our current employer until the K-State TN petition start date. If you are a TD, (dependent of a TN) include our spouse's I-94 and I-797 TN approval notice as well as all your I-797 approval notices. |
| Cop | y of your current visa |
| FOR POSI | TIONS REQUIRING LICENSURE, ADD: |
| ☐ Cop | y of the license or other authorization required by the state to practice your profession. |
| If filing for following | or dependents to change to or extend TD status(for those in the U.S.) submit 2 copies of the g: |
| | I-539. This form must be completed and signed by the dependent. This form can be downloaded from section at uscis.gov. |
| ☐ Fee fo | or the I-539 - \$290 check payable to the Department of Homeland Security. |

| ☐ Proof of dependent relationship to TN applicant [marriage/birth certificate and English translation]. Please see below for translation certification information. |
|---|
| ☐ Copy of the I-94 for each dependent |
| ☐ Passport identification page for each dependent. |
| ☐ Evidence of current nonimmigrant status, if in the U.S., including ALL previously issued I-20 or DS-2019s and, EAD cards held at any time in the past. |
| ☐ If currently in TD (dependent) status, copies of all I-797's (Approval Notices), if applicable. |

Education Credentials Evaluators

Education Record Evaluation Service, Inc.

www.eres.com edu@eres.com 916-921-0790

Education International, Inc.

www.educationinternational.org

edint@gis.net 781-235-7425

Educational Credential Evaluators

www.ece.org eval@ece.org 414-289-3400

Educational Perspectives

www.educational-perpectives.org info@educational-perspectives.org

312-421-9300

eVal Reports

www.e-valreports.com brad@e-valreports.com

206-257-4249

Evaluation Service

http://evaluationservice.net/ info@evaluationservice.net

847-477-8569

Foreign Academic Credentials Service

http://facsusa.com/ facs@aol.com 618-656-5291

Foundation for International Service

www.fis-web.com info@fis-web.com 425-248-2255 Global Credential Evaluators, Inc.

http://gceus.com/ gce@gceus.com 800-707-0979

Global Services Associates, Inc.

http://globaleval.org/ info@globaleval.org 310-828-5709

International Academic Credential Evaluators, Inc.

http://iacei.net/ staff@iacei.net 940-383-7498

International Education Research Foundation, Inc.

http://www.ierf.org/

info@ierf.org 310-258-9451

Josef Silny & Associations, Inc.

http://jsilny.com/ info@jsilny.com 305-273-1616

SpanTran Educational Services http://www.spantran.com/ info@spantran-edu.org

713-266-8805

The Trustforte Corporation http://trustfortecorp.com/ info@trustfortecorp.com

212-481-4870

World Education Services, Inc.

http://www.wes.org/

info@wes.org 212-966-6311

Translation Certification

Every document submitted to United States Citizenship and Immigration Services (USCIS) must be in English or include an English translation. Please submit translations for all foreign language documents. The translator must certify that he/she is competent to translate and that the translation is accurate.

The certification format should include the certifier's name, signature, address, and date of certification. A suggested format is below:

Translated documents should be typed on a plain sheet of paper. Please note that the translator cannot be the TN employee or his/her relative.

The certification by translator should appear at the bottom of each translated document.

| <i>I</i> , | certify that I am competent | |
|------------------------|-----------------------------|--------------------------------------|
| to translate from the | lan | guage into English, and the |
| attached document is a | n accurate translati | ion of the original |
| | _ document (Birth/ N | Marriage Certificate, Diploma, etc.) |
| Name of Translator: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | | |
| Signature | | Date: |