

**CSU San Bernardino  
NRA Questionnaire**

**Please fill out this form and submit with the following:**

- a) Copy of I-94
- b) Copy of passport page that has the visa sticker/stamp
- c) Copy of passport's information page. The page which has your name, date of birth, etc.

Name	Last	First	Middle
CSUSB Coyote ID	_____		Date of Birth _____
E-mail Address	_____		dd/month/yyyy Ex. "21-AUG-2024"
Country of Citizenship	_____		Passport # _____
U.S. Address	_____		Passport Exp. Date: _____
	Street	_____	
	City	_____	
	State	_____	
	Zipcode	_____	
Foreign Address	Street 1	_____	
	Street 2	_____	
	City	_____	
	Province/Region	_____	
	Country	_____	
	Postal Code	_____	
Telephone #	_____		
U.S. Social Security Number	_____		
Date your I-20/H1-B Expires Ex. "21-AUG-2024"	_____		
Occupation (Staff/Faculty Employee/Student/Graduate Assistant)	_____		
Student Type (Undergraduate/Graduate)	_____		
Immigration Status/Visa Type	_____		
First Day in U.S. in this status	_____		
	dd/month/yyyy Ex. "21-AUG-2024"		
Please provide travel history in and out of the U.S.			
	Date of Entry to US	Date of Exit from US	Visa Immigration Status
<i>Sample</i>	<i>20/JAN/2010</i>	<i>02/FEB/2011</i>	<i>J-1</i>
			If J-1 visa, Subtype
			<i>Research scholar</i>
Accounting Services Contact: Maggie Mutadzakupa at mmutadza@csusb.edu			