

Student Assistant FICA Exemption Questionnaire

Name: _____

Dept: _____

Please answer the following questions for the next academic term until instructed to stop, turn in form to your supervisor.

1. Academic Term: Fall _____ Spring _____ Summer _____

If summer option selected, please indicate which session(s) you will be attending: (Check all that apply)

_____ Both _____ Neither _____ Summer I _____ Summer II
_____ Cross Term (indicate dates) _____ to _____

2. Will you be a non-resident alien attending the University of Hawaii on an F-1, J-1, M-1, or Q-1 visa performing services in accordance with the primary purpose of the visa's issuance?

YES [Stop] ("N") NO [Continue]

3. Will you be a classified student in a University of Hawaii degree or officially recognized certificate granting program?

YES [Continue] NO [Stop] ("K")

4. Will you be enrolled for at least a half time course load?

YES [Stop] ("N") NO [Continue]

5. If not, are you graduating?

YES [Continue] NO [Stop] ("K")

I certify the above answers are correct and that I will notify my supervisor immediately if my status should change in any way.

Student's Signature

Date