

# EMPLOYEE INFORMATION

Please complete both sides of this form.

(PLEASE PRINT LEGIBLY)

Last Name: <b>BOI</b>		First Name: <b>HUAN</b>	M.I. <b>Q</b>	Social Security Number: <b>735 03 1609</b>
Birth Date: <b>04/19/1998</b>		Birth Place: <b>HO CHI MINH CITY</b>		Citizenship Country: <b>VIETNAM</b>
Gender: <b>MALE</b>		Marital Status:		***Please complete the following if you are NOT a U.S. citizen***
Appointment Title: <b>GENERAL ASSISTANT</b>		Start Date:		
Post-Doc? <input type="checkbox"/> Yes <input type="checkbox"/> No		Permanent Resident Alien (Green Card): <input type="checkbox"/> Yes (# ) Expiration Date: <input checked="" type="checkbox"/> No		
Racial Identity (please select one):  <input type="checkbox"/> Not Reported, undeclared <input type="checkbox"/> American Indian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White		Visa Type (if applicable): <b>F-1</b> Visa Number <b>B8777164</b> Visa/I-94 Expiration Date: <b>08/12/2019</b>		
Disability Status:  <input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Not Disabled		Country of Residence (for tax purposes): Eligible for Federal Tax Exemption (tax treaty): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Military Status: (please select one, if applicable):  <input type="checkbox"/> Veteran <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Active Reserve <input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Vietnam Veteran (8/5/64 – 5/7/75) <input type="checkbox"/> Special Disability Veteran <input type="checkbox"/> Retired		<input type="checkbox"/> I-797 <input type="checkbox"/> DS-2019 <input checked="" type="checkbox"/> I-20 Category (please select one): <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Professor, Research Scholar, Specialist <input checked="" type="checkbox"/> Student <input type="checkbox"/> International Visitor <input type="checkbox"/> Trainee <input type="checkbox"/> Medical Trainee <input type="checkbox"/> Teacher <input type="checkbox"/> Alien Employee of USA		
<u>Graduate Assistants:</u> If you are seeking a degree from other than the Physics Department, please indicate the department in which you are admitted/enrolled: Department/Institute Name: _____ Contact Phone Number: _____ Regular Status: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No Differential Tuition Remission (e.g., MBA, Masters of Telecommunications)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				

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Emergency Contact:

Name: PHD T. BUI Relationship: SISTER  
Phone: (H) (301) 775 2168; (W) ( )  
E-mail: bui23t@mtlholyoke.edu  
Address: 104 Chemistry Building  
University Park, PA 16802

Education

Institution: COLBY COLLEGE  
Degree Earned: - B.A. (anticipated)  
Discipline: PHYSICS & MATH SCI: STATISTICS  
Date (mm/yyyy): 2017 - 2021

Institution: CATS ACADEMY BOSTON  
Degree Earned: HIGH SCHOOL DIPLOMA  
Discipline: -  
Date (mm/yyyy): 06/2017

Institution: \_\_\_\_\_  
Degree Earned: \_\_\_\_\_  
Discipline: \_\_\_\_\_  
Date (mm/yyyy): \_\_\_\_\_

Employee Signature:

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Date:

01/24/2019

Employee Contact Information:

Email: HQBUI21@COLBY.EDU (hqbui21@colby.edu)

Office Address - Building \_\_\_\_\_ Room \_\_\_\_\_

Research Group Affiliation (if applicable): ROLSTON GROUP

Supervisor: DR. STEVEN ROLSTON

Campus Phone: \_\_\_\_\_

Campus Fax: \_\_\_\_\_

Local Address: \_\_\_\_\_

Local Phone: \_\_\_\_\_

Cell Phone (optional, will not be published): 301 704 6958

Permanent Address: 8347 MAYFLOWER HILL  
WATERVILLE, MAINE 04901

Permanent Phone: -

Publish Employee Address/Phone in Campus Directory:

Please select one:

- ☒ Publish All Information  
☐ Do not publish my home address and home phone numbers  
☐ Do not publish my home address  
☐ Do not publish my home phone number

Please select one:

- ☐ Publish my campus job title, OR  
☒ Publish my official University title