

Foreign Visitor Honorarium Eligibility Form

Use only for Nonresident Aliens with B-1, B-2, WB, WT Immigration Status and
Canadians entering without Visa receiving Honoraria and Expense Reimbursement

Visitor Information:

Full Name (as it appears on passport): _____

Foreign Address

U.S. Address

_____	_____
_____	_____
_____	_____

Social Security No. or ITIN: _____ Visa/Waiver Type _____

Check all that apply:

The activity being performed is considered “usual academic activity or activities”.

The activity being conducted is for the benefit of the institution.

The activity will not last longer than nine days at this institution.

I have not accepted payment from more than five institutions in the previous six months.

I certify that to the best of my knowledge, the above statements are true, correct, and complete.

Visitor Signature

Date

Department Approval Signature

Date