

University of Florida

Department _____

Certification of Academic Activity

The American Competitiveness Workforce Act of 1998 allows payment of honoraria and associated incidental expenses to B-1, B-2, WB, and WT visa holders for "usual academic activity," if paid by a United States institution of higher education, a nonprofit organization affiliated with an institution of higher education, or a nonprofit or a governmental research organization. Under the Act, an academic activity **may not exceed nine days at a single institution**. In addition, such visa holders cannot accept honoraria and/or incidental expenses from more than five such institutions or organizations in the previous six-month period.

Visitor Information

Last Name: _____ First Name: _____

Social Security Number or Individual Taxpayer Identification Number: _____

Please Note: In order to claim a tax treaty benefit, you must have or have applied for a Social Security Number or an Individual Taxpayer Identification Number.

The dates of my activity at the University of Florida will be from _____ to _____

Please note: Academic activity at the University of Florida cannot exceed nine days.

Acknowledgement

I have accepted an invitation by the University of Florida for the purpose of engaging in an academic activity. I will receive an honorarium payment and/or reimbursement for incidental expenses for my academic activity.

I have not accepted honoraria and/or incidental expense reimbursements within the prior six-month period from more than four institutions of higher education, a nonprofit organization affiliated with an institution of higher education, or a nonprofit or a governmental research organization.

Please note: The University of Florida cannot make an honorarium and/or incidental expense payment to you if you have received such payments from more than four of these organizations within the past six months.)

Certification

I certify that the information contained on this form is to the best of my knowledge and belief, true and complete.

Signature of Nonresident Alien: _____ Date: _____