

UNIVERSITY OF SOUTHERN CALIFORNIA
Certification of Academic Activity for Short-Term International Visitors

NOTE: This form is for requesting honoraria or incidental expense reimbursement payments to an international visitor who holds B-1, B-2, combined B-1/B-2, WB, WT, or combined WB/WT non-immigrant status only.

Legal name: _____
Last (Family name) First (Given name)

For honorarium payment,

Social Security (SSN) or Individual Taxpayer Identification Number (ITIN): _____

Duration of activities at the University of Southern California:

Beginning (Month/Day/Year): ____/____/____

Ending (Month/Day/Year): ____/____/____

To be completed by all international visitors for whom payments are requested

I am engaging in a usual academic activity or activities at the University of Southern California. The duration of my activities will not exceed nine (9) days as stated above. I further confirm that I have not received honoraria and/or incidental expense reimbursement from more than five (5) higher educational institutions, nonprofit organizations affiliated with such institutions, or nonprofit or governmental research organizations in the past six-month period.

I have read the above (or had it read to me in my native language) and I understand and agree with it. I certify that this information is true and correct to the best of my knowledge and belief.

Signature of Visitor _____ Date ____/____/____
Month/ day /year

Visitor Name _____
(Please type or print)