



SOUTHEASTERN LOUISIANA UNIVERSITY
Foreign Visitors Honoraria Eligibility Certification

Name _____ SSN/ITIN _____

I, _____, arrived in the United States bearing a B-1 or B-2 visa, or under the Visa Waiver Program (WB or WT), or I was exempt from documentary requirements for entering the United States. I will perform the following academic services _____
_____.

I hereby certify to the following facts:

1. The services are being conducted for the benefit of _____.
2. The activities will last no longer than 9 days at this institution.
3. I have not accepted honoraria (and incidental expenses in the case of a B-2 or VWT visitor) from more than 5 institutions or organizations in the Previous 6 months.

Signed under penalties of perjury,

_____ Date _____

Address _____

