

**UNIVERSITY OF SOUTH ALABAMA**  
**DECLARATION BY VISITORS ENGAGED IN ACADEMIC ACTIVITIES**

NOTE: the term “**visitor**” on this form refers **only** to those in the U.S. in **B-1, B-2,** combined **B-1/B-2, WB, WT,** and combined **WB/WT** status.

PLEASE PRINT, EXCEPT WHERE A SIGNATURE IS REQUIRED.

1. Family name \_\_\_\_\_ Given name or names \_\_\_\_\_

2. Enter **either** your U.S. Social Security Number (SSN) or your U.S. Individual Taxpayer Identification Number (ITIN) here \_\_\_\_\_. If you do not have an SSN or an ITIN, your host department will help you apply for an ITIN. The SSN or ITIN is assigned to you permanently. You may use it on future visits to USA or other schools. You will not receive payment for honoraria or expenses until the USA Business Office is in receipt of one of these numbers.

3. Passport Country \_\_\_\_\_ Passport Number \_\_\_\_\_

Passport expiration date (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Your current visa classification in the U.S. per the Form I-94, Arrival/Departure record

(Circle one) B-1, B-2, combined B-1/B-2, WB, WT, combined WB/WT,  
Other \_\_\_\_\_

Date of most recent entry into the U.S. per Form I-94 (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Date authorized stay expires per Form I-94 (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. Determination of eligibility for reimbursement or honorarium payment.**

Duration of your USA visit.

Beginning (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending  
(month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Count back six months from the ending date to determine the honorarium eligibility period.

Enter that earlier date here. (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Example: USA visit ends 07-22-99. Six-month period began 01-23-99.

Please answer the following questions regarding your activities during the honorarium eligibility period.

Have you accepted reimbursements or honorarium payments from any U.S. institution during this six-month period?

\_\_\_\_\_ yes \_\_\_\_\_no

**If “yes,”** from how many institutions have you accepted reimbursement or honoraria?

\_\_\_\_\_

Were you in visitor status (B-1, B-2, WB, or WT) during all of these occasions?

\_\_\_\_\_ yes \_\_\_\_\_no

**If “no,”** on how many of those occasions were you in visitor status (B-1, B-2, WB, or WT)? \_\_\_\_\_

I have read the above (or have had it read to me in my native language) and I understand and agree with it. I confirm that this information is true and correct to the best of my knowledge and belief. I am submitting photocopies of my passport and Form I-94 as evidence of my current status.

Signature of international visitor \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### **Statement of USA Department Representative**

Check and answer as appropriate. This international visitor did \_\_\_ did not \_\_\_ request or require assistance in a language other than English. If assistance was requested or provided in a language other than English, indicate the language and the name of the person serving as translator/interpreter.

Language \_\_\_\_\_

Name of translator/interpreter \_\_\_\_\_

We confirm that the information contained on this form is true and correct to the best of our information and belief.

Signature of department representative \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of translator/interpreter \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_