UNIVERSITY OF MARYLAND

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 (Family) Name: _____   First Name: _____

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

(*In order to receive an honorarium payment, you must have or have applied for, a Social Security Number or Individual Taxpayer Identification Number.*) Please attach copies of the receipt of application for a SSN or an original W-7 Form and documentation if applying for an ITIN.

The dates of my activity at the University of Maryland at College Park will be from _____ to

_____. (*Please note that academic activity at the University of Maryland cannot exceed nine days.*)

Acknowledgement:

I have accepted an invitation from the University of Maryland at College Park 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 in the amount of

_____.

I have not accepted honoraria and/or incidental expense reimbursement within the prior six-month period from more than four (4) other institutions of higher education, nonprofit organizations affiliated with an institution of higher education, or a nonprofit or governmental research organization. (*Please note that the University of Maryland 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 Visitor: _____   Date: _____

Department: _____

Revised 10/2016