



THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

PAYROLL DEPARTMENT
AREA CODE: (919) 962-0046
FAX: (919) 962-5077

The University of North Carolina at Chapel Hill
CB# 1260, Room 203, 440 West Franklin Street
Chapel Hill, NC 27599-1260

Certification of Academic Activity

The American Competitiveness Workforce Act of 1998 allows payment of honoraria and associated incidental expenses to B-1 and WB visa holders for "usual academic activity," if paid by a United States institution of higher education, 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: _____
(In order to receive to receive an honorarium payment you must have or applied for a Social Security Number[copy of receipt required] or an Individual Taxpayer Identification Number.)

The dates of my activity at The University of North Carolina at Chapel Hill will be from _____ to _____.
(Please note that academic activity at the University of North Carolina at Chapel Hill cannot exceed nine days.)

Acknowledgement

I have accepted an invitation by The University of North Carolina at Chapel Hill 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 or a governmental research organization.
(Please note that The University of North Carolina at Chapel Hill 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: _____