



**I. Visitor Information:**

In October 1998, U.S. Congress passed the American Competitiveness Workforce Act, allowing educational institutions to pay visitors for honoraria and related expenses. Per 8 U.S.C. § 1182 (q), an academic activity may not exceed nine days at a single institution. In addition, such visitors cannot accept honoraria and (or) incidental expenses from more than five such institutions or organizations in the previous six-month period.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Foreign Address: \_\_\_\_\_ U.S. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number or ITIN: \_\_\_\_\_ Visa/Waiver Type: \_\_\_\_\_

Describe the Academic Activity: \_\_\_\_\_

Dates of Activity at the University of Central Florida will be from: \_\_\_\_\_ to: \_\_\_\_\_

**II. Statement of Visitor:**

I will be engaged in the activity described above, for the benefit of the University of Central Florida. 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 organization affiliated with an institution of higher education, or a nonprofit or a governmental research organization. Payment for services will not exceed nine days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**III. Statement of UCF Host Department:**

The individual stated above will be engaged in the activity described above for the benefit of the University of Central Florida. The activities for which the individual is being paid or reimbursed are within the broad realm of customary academic activities associated with teaching, research, public service, or academic administration.

Host Department Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Departmental Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**For ISC Staff only**

Comment: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_