

Complete to determine B-1 Honorarium eligibility:

INVITATION FOR INTERNATIONAL VISITORS  
ENGAGED IN ACADEMIC ACTIVITIES AT LOUISIANA STATE UNIVERSITY HEALTH  
SCIENCES CENTER

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

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Your visit beginning \_\_\_\_\_ and ending \_\_\_\_\_ for  
activities to include (describe academic activity) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The United States Congress has recognized the value of short-term academic exchanges by passing a law that permits international scholars entering the U.S. in Atourist@ or Avisitor@ status to receive reimbursement for expenses and payment of honoraria. To qualify for the benefits of this law, your status and activities must meet certain criteria.

To make it easier for you to meet the requirements for reimbursement and/or honorarium payment, we have prepared this simple, one-page assessment and declaration. During your visit to the Louisiana State University Health Sciences Center (LSUHSC), your host department will help you complete the form and make copies of the identity and visa pages of your passport and of your Form I-94 (Arrival/Departure Record).

The requirements to qualify for reimbursement of expenses and payment of honoraria in visitor status are:

- You must be present in the U.S. in visitor status as a B-1, B-2, WB or WT per the notation on your Form I-94 or passport stamp. Canadians who cross the border without obtaining a Form I-94 are presumed to have been admitted in B status and should present confirmation of Canadian citizenship.
- The academic activities at the LSUHSC for which you wish to receive reimbursement or honorarium must be no longer than 9 days.
- During the six month period immediately prior to your visit to the LSUHSC, you have accepted reimbursement or honoraria from no more than five other institutions in the U.S. while in visitor status.

If you believe you cannot meet one or more of these requirements, please contact your LSUHSC host department **before** you obtain an entry visa and arrive at the LSUHSC.

Your LSUHSC host department will assist you in completing the following Declaration.

DECLARATION BY INTERNATIONAL VISITORS  
ENGAGED IN ACADEMIC ACTIVITIES

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Enter your U.S. Social Security Number (SSN) **OR** Individual Taxpayer Identification Number (ITIN) here \_\_\_\_\_. If you do not have a SSN or an ITIN, your host department will assist you to file for an ITIN during your visit to LSUHSC. The SSN is assigned to you permanently and you may use this number on future visits to LSUHSC or other universities. An ITIN is assigned for five years, and may be used more than once in that time frame.

Passport Country: \_\_\_\_\_ Passport #: \_\_\_\_\_ Passport Exp. Date: \_\_\_\_\_

If in U.S., your current visa classification per Form I-94 or admission stamp:

B-1  B-2  B-1/B-2  WB  WT  WB/WT Other: \_\_\_\_\_

If currently in U.S., date of most recent entry into the U.S. per Form I-94: \_\_\_\_\_

Determination of eligibility for reimbursement or honorarium payment:

Duration of visit at LSUHSC: \_\_\_\_\_ through \_\_\_\_\_

Count back six months from the ending date to determine the honorarium eligibility period and enter that date: \_\_\_\_\_ (i.e. LSUHSC visit ends 6/30/00. Six-month period began 1/1/00).

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

Have you accepted reimbursements or honorarium payment from any U.S. institution during this six month period while in B-1, B-2, W-B or WT status?  Yes  No

If yes, how many reimbursement or honoraria have you accepted? \_\_\_\_\_

I have read and understand the above declaration. I confirm this information is true and correct to the best of my knowledge. I am submitting photocopies of my passport, visa and form I-94 as evidence of my current status.

\_\_\_\_\_  
Signature of International Visitor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Host Department Sponsor Signature

\_\_\_\_\_  
Date