



**UNF** UNIVERSITY of  
NORTH FLORIDA. Foreign Visitors  
Honoraria Eligibility Certification

Name

U.S. SSN / ITIN

I arrived in the United States bearing a B-1 or B-2 visa, or under the Visa Waiver Program (VWB or VWT), or I was exempt from documentary requirements for entering the United States.

I will perform the following academic services:

I hereby certify to the following facts:

1. The services are being conducted for the benefit of the University of North Florida.
2. The activities are a normal academic activity and will last no longer than 9 days at this institution.
3. I have not accepted honoraria (or incidental travel expenses in the case of a B-2 or VWT visitor) from more than 5 institutions or organizations in the previous 6 months.

Signed under penalties of perjury,  
Signature

Date

***PLEASE RETURN THIS FORM TO:***

***University  
of North  
Florida  
Controller  
's Office***

***1 UNF Drive, Hicks Hall Jacksonville, Florida 32224***