

**California State University, Fullerton
Certification of Academic Activity**

The American Competitiveness Workforce Act of 1998 allows payment of honoraria and associated travel and incidental expenses to B-1, B-2, WB, and WT visa holders for "usual academic activity," if paid by an institution of higher education, a nonprofit organization affiliated with an institution of higher education, or a nonprofit or a governmental research organization. In accordance with the immigration law, the University may make payment of honoraria and travel and incidental expenses to B-1, B-2, WB, and WT visa holders under the following requirements:

IPAYMENT REQUIREMENTS:

Honoraria

B-1, B-2, WB, and WT visa holders may be paid an honorarium for usual academic activity not exceeding nine days in duration, provided that such individual has not received honoraria from more than 5 educational institutions in the previous six-month period.

Travel and Incidental Expenses

B-1 and WB visa holders may be reimbursed for reasonable travel and incidental expenses incurred in connection with a usual academic activity, regardless of the duration of the activity and regardless of whether the individual has previously received payment from other educational institutions.

B-2 and WT visa holders may be reimbursed for reasonable travel and incidental expenses incurred in connection with a usual academic activity not exceeding nine days in duration, provided that such individual has not received travel and incidental expenses from more than 5 educational institutions in the previous six-month period.

IVISITOR INFORMATION:

Last Name: _____ First Name: _____

Social Security Number or Individual Taxpayer Identification Number: _____

(In order to receive an honorarium payment you must have OR have applied for a Social Security Number or Individual Taxpayer Identification Number).

What type of payment will you be receiving? Honorarium Travel and Incidental Expenses Both

Enter the visa classification under which you are currently present in the United States: _____

The dates of my activity at the California State University Fullerton will be from: _____ to _____

(Please note that academic activity at California State University, Fullerton cannot exceed nine days)

Please indicate the type of activity you will be engaged in while at the University:

Guest lecturer/performer Conference participant Researcher Other*

* If other, please describe: _____

IACKNOWLEDGMENT AND CERTIFICATION:

WAIVER & RELEASE

I UNDERSTAND AND ACKNOWLEDGE THAT AS A CONDITION PRECEDENT TO PERFORMING THIS ACTIVITY:

I AM NOT AS AN EMPLOYEE OF CALIFORNIA STATE UNIVERSITY, AND I AM SOLELY RESPONSIBLE FOR ANY AND ALL TAXES, COSTS, INTEREST, ASSESSMENTS, PENALTIES, DAMAGE, ATTORNEY'S FEES, OR OTHER COSTS WHICH MAY ARISE FROM THE PERFORMANCE OF THIS ACTIVITY. I DO HEREBY WAIVE, PERSONALLY RELEASE, HOLD HARMLESS AND FOREVER DISCHARGE ANY AND ALL CLAIMS FOR DAMAGES FOR PERSONAL INJURY, INCLUDING DEATH, OR PROPERTY DAMAGE WHICH I MAY HAVE, OR WHICH MAY HEREAFTER ACCRUE TO ME, AGAINST THE CALIFORNIA STATE UNIVERSITY (UNIVERSITY) AS A RESULT OF MY PERFORMANCE OF THIS ACTIVITY.

THIS RELEASE IS INTENDED TO DISCHARGE THE STATE OF CALIFORNIA; THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY; CALIFORNIA STATE UNIVERSITY, FULLERTON; ITS AUXILIARY ORGANIZATIONS, AND THEIR OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL CLAIMS ARISING OUT OF OR CONNECTED IN ANY WAY WITH MY PARTICIPATION IN THE ACTIVITY OUTLINED ABOVE.

I HAVE READ THIS FORM, AND UNDERSTANDING THE TERMS IN IT, I ALSO UNDERSTAND THAT BY SIGNING THIS DOCUMENT, I MAY BE GIVING UP LEGAL RIGHTS WHICH I, OR OTHERS CLAIMING THROUGH ME, MAY HAVE NOW OR IN THE FUTURE. IT IS FURTHER UNDERSTOOD AND AGREED THAT THIS WAIVER, RELEASE AND ASSUMPTION OF RISK IS TO BE BINDING ON MY HEIRS AND ASSIGNS.

I have accepted an invitation by the California State University, Fullerton for the purpose of engaging in a usual academic activity. I acknowledge I will receive an honorarium payment and/or reimbursement of travel and incidental expenses for my academic activity in accordance with the above payment requirements. I **certify that the information I have provided on this form is to the best of my knowledge and belief, true and complete.**

Signature: _____ Date: _____