

IMPORTANT NOTICE: No payment can be remitted without completion of this form. It is highly encouraged to complete this form **before** sending the "[Contracted Services Agreement- Non-Resident Alien](#)" document to your prospective FN service provider – which includes artists and guest lecturers.

Date _____

Information About the NDSU Host Department/Unit

Department Name _____
 Host Faculty Member _____
 Contact Person _____
 Contact's Email _____
 Contact's Phone# _____

Dates Foreign National will spend at NDSU

From _____ To _____

Clearly describe the proposed activities of the Foreign National. Also indicate whether travel expenses will be reimbursed.

Is the Foreign National currently inside the United States? YES NO

- [NDSU Policy on Honoraria \(Policy 152\)](#)
- Do you give us permission to contact your guest so that we may assess their eligibility for payment of an academic honorarium according to their planned US immigration status? YES NO

Foreign National's Name: _____

Email address: _____

Please forward this form to ndsimmigration@nds.edu

Export Controls Administrator

- Visual Compliance Completed
 Approved Denied

Comments: _____

 (printed name)

 (electronic/original signature)

 (date)

Faculty Immigration Services

- The Foreign National is eligible to receive an academic honorarium per the INA § 212(q) [5/6/9 rule](#) – no more than 5 institutions visited within 6 months, and no more than 9 days at any single institution.

Comments: _____

 (printed name)

 (electronic/original signature)

 (date)