

Northeastern University

International Business Visitor Form

Please do not complete this form if you are a U.S. citizen or permanent resident.

After completing this form, please forward it to your inviting department.

Title: Dr. Mr. Ms. Date of Birth: _____
(mm/dd/yyyy)

Family/Last/Surname: _____

First/Given and Middle Name: _____

Email: _____

Address outside U.S.: _____
(Street Address) (City/Town)

(Province/Territory) (Country) (Postal Code)

Telephone: (_____) _____

Address inside U.S. (If applicable): _____
(Street Address)

(City) (State) (Zip Code)

Telephone: (_____) _____

Current visa status in U.S. or visa status you expect to have when you arrive in U.S.: _____

Dates you will visit Northeastern: From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Northeastern department you will visit: Center for Design

Department contact name: Dr. Paolo Ciuccarelli

Purpose of visit to Northeastern:

Conference (Speaker) Lecture (Lecturer) Meeting (Attendee)

Conference (Attendee) Lecture (Attendee) Independent Research

Other: _____

Type of payment you will receive from Northeastern:

No payment Travel and /or living expenses reimbursement Honorarium

Other: _____

Amount of payment from Northeastern: \$0 _____

If payment is anticipated, please complete the following which may also have tax implications.

Northeastern University

If no payment is anticipated, please omit the following questions, and sign and date below.

Country of citizenship: _____

Country of last tax residency: _____

Please indicate which of the following you currently have:

Individual Tax Identification Number (ITIN*)

Social Security Number (SSN)

No ITIN* or SSN

*For additional information see [http://www.irs.gov/Individuals/Individual-Taxpayer-Identification-Number-\(ITIN\)](http://www.irs.gov/Individuals/Individual-Taxpayer-Identification-Number-(ITIN)).

Please provide total days in the U.S. in the last five years:

Visa status:	Start date:	End date:	*J-1 Subtype: (*For J-1 status only)	*Primary activity:	Have you taken any treaty benefits?	
					Yes	No
_____	_____ (mm/dd/yyyy)	_____ (mm/dd/yyyy)	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please list honorarium payments you received from academic institutions in the U.S. during the previous six months from the date of visit:

1. _____
2. _____
3. _____
4. _____
5. _____

I certify that all statements on this form are complete, accurate and true. I also agree to update the University of any changes in my personal circumstances. If I am unable to visit during these dates, I must notify my faculty host at Northeastern University.

Signature of Visitor: _____ Date: _____