



## B-1 / B-2 VISA HOLDER CERTIFICATION

The services performed at \_\_\_\_\_ was for \_\_\_\_\_ days.  
(college name) (number)

The institution will benefit from the services performed.

During the previous six months I have not accepted payment from more than five institutions for similar work performed.

I certify that the above statements are true.

B-1 / B-2 Visa Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Investigator Signature \_\_\_\_\_ Date \_\_\_\_\_