

Name of Exchange Visitor: _____

Name and address of entity where Visitor will lecture or consult	Dates of lecture or consultation activities. If consultation, also note number of hours per day.
Field or subject in which the Visitor will lecture or consult	Total amount of reimbursement or compensation
Detailed description of the lecture or consultation activities	

I confirm the accuracy of the information entered in the boxes above. I understand that the authorization available is not intended to facilitate employment, but to accommodate brief, short-term activities intended primarily to enhance the Visitor's Program.

Name: _____

Signature: _____ **date:** _____