

## RESEARCH FOUNDATION

of The City University of New York 230 West 41st Street New York, NY 10036-7207

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

The services performed at	(college name)	_ was for(number	
The institution will benefit from the services	s performed.		
During the previous six months I have not a	ccepted payment from more than five in:	stitutions for similar wor	k performed.
I certify that the above statements are true			
B-1 / B-2 Visa Holder Signature		Date	
Principal Investigator Signature		Date	