**St. Lawrence University “B” Visa Status Statement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that during calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I have not received more than five (5) payments over a period of six (6) months for a duration of not greater than nine (9) days at any one location.

This certification testifies to the fact that I have adhered to the restrictions of my B1/VWB or B2/VWT immigration status.

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Signature Date