

J-1 AMENDMENT APPLICATION FOR SCHOLARS BY SPONSORING DEPARTMENT

DIRECTIONS: To be completed by the UC San Diego sponsoring department amending terms of appointments for J-1 international scholars engaging in research or teaching duties. All information should be typed. Amendments will be processed in **10 business days**.

This is to amend (please check all that apply): **Funding** **Department** **Title** **Other**

SECTION 1: SCHOLAR INFORMATION

Please enter the name as it appears on the scholar's passport biographical page.

1. Family/Last Name:

Given/First Name & Middle Name:

SECTION 2: PROGRAM INFORMATION

Please ensure all applicable fields below are complete.

2. Appointment Date (MM/DD/YYYY):

From:

To:

3. Describe Area or Field of Research:

4. Activity: (Select all that apply.)

Lecture

Clinical Observation

Research

5. Payroll / Non-Paid Title:

6. Is this a tenure track position?

Yes

No

7. Percent Effort (FTE): (Paid titles only.)

8. UCSD Title Code: (Leave blank for non-paid titles or affiliate requests.)

9. Is the scholar BELI 1, 2, or 3 benefits eligible? (BELI 4 and 5 do not meet eligibility requirements for health insurance.)

Yes

No

10. Site(s) of Activity: (Physical location of scholar's activity, include all relevant on- or off-campus sites)

Primary Site:

Secondary Site (if any):

Tertiary Site (if any):

SECTION 3: FINANCIAL SUPPORT INFORMATION

Please thoroughly read the guidelines provided below.

Please check as applicable: **Additional Funding** **Replacing Prior Funding**

Guidelines: Please indicate all applicable funding sources. All documents should be as follows: **(1)** written in or translated to English, **(2)** in U.S. dollars or converted to it, and **(3)** issued on letterhead within the past 6 months.

Funding Source	Amount per month (USD)	# of months	Total Amount
University of California, San Diego – SALARY or OTHER (Specify below: i.e. reimbursement, per diem, government grants)	\$		\$
Personal Funds (Attach copy of bank statement)	\$		\$
Other (Specify below, i.e. home institute name):	\$		\$
TOTAL =			\$

SECTION 4: SPONSORING DEPARTMENT CERTIFICATION

Please read carefully before you sign this form.

Your signature indicates that you agree to the following:

- The proposed activity is suitable to the scholar’s background, needs and experience.
- The scholar and family members have sufficient funding for their stay.
- The scholar has a clear understanding of who will be responsible for paying the insurance premiums. (See Form C)
- The scholar has a clear understanding of what office/lab space, equipment, computer access, etc. will be available.
- The scholar will engage only in activities that are consistent with the intended program while on the UC San Diego campus.
- Inform IFSO when the following conditions change:
 - Financial support
 - Position title/appointment
 - Termination and/or completion of program
 - Scholar will be away for more than 30 days for business purposes
 - Change/addition of work site

Name	Signature	Phone Number	Date
Department Chair OR Chief HR Officer:			
Sponsor/Supervisor:			
Department Contact:			Mail Code:
Department Name:	Department Contact Email:		