

**FORM A: J-1 AMENDMENT APPLICATION FOR SCHOLARS**  
 BY SPONSORING DEPARTMENT (201403)

**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. A DS-2019 will be issued within 10 business days and **returned to the department**. All information should be typed. **Detailed instructions at <http://ischolars.ucsd.edu>.**

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

**SECTION 1: SCHOLAR INFORMATION**

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

<b>1. Family/Last Name:</b>	<b>Given/First Name:</b>	<b>Middle Name:</b>
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**SECTION 2: PROGRAM INFORMATION**

<b>2. Appointment Date:</b> (Month/Day/Year) <b>From:</b>	<b>To:</b>	<b>3. Possible Future Extension?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Payroll/ Non-Paid Title:</b> (select from drop down menu, do not leave blank)	<b>5. UCSD Title Code:</b> (Leave blank for non-paid titles or Affiliate requests)	
<b>6. Area/Field of Research:</b>	<b>7. Percent Effort (FTE):</b> (paid titles only)	
<b>8. Activity:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Clinical Observation (Select all that apply) <input type="checkbox"/> Research	<b>9. Is this a tenure track position?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION 3: FINANCIAL SUPPORT INFORMATION**

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

**10.** Read Instruction Sheet for additional information. **REQUIRED:** Written verification in English and amount must be shown in US dollars. Indicate all applicable funding sources.

Funding Source	Amount per month (USD)	# of months	Total Amount
<b>University of California, San Diego – SALARY</b> (includes government grants)	\$		\$
<b>University of California, San Diego - OTHER</b> (Specify below, i.e. reimbursement, per diem, etc):	\$		\$
<b>US Government Agency</b> (includes grants given directly to visitor for international exchange)	\$		\$
<b>Visitor's Home Government</b> (paid directly only)	\$		\$
<b>International Organization</b> (paid directly only, i.e. NATO, UN, WHO)	\$		\$
<b>Binational Commission</b> (paid directly only, i.e. Fulbright)	\$		\$
<b>Personal Funds</b> (attach copy of bank statement)	\$		\$
<b>Other</b> (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 sponsoring department will provide assistance to the scholar upon arrival at UC San Diego.
- The proposed activity is suitable to the scholar's background, needs and experience.
- The scholar has sufficient English language proficiency to participate in the proposed activity and to adjust to daily life.
- The scholar and family members have sufficient funding for their stay. (Please see attached instruction sheet for a complete breakdown of the monthly minimum requirements.)
- The scholar is aware of the health insurance requirements and has a clear understanding of who will be responsible for paying the insurance premiums. (See Form C: Health Insurance Memo of Understanding for details about health insurance requirements.)
- 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
  - The scholar will be away for more than 30 days
- **This request is based on an actual proposed appointment and the department is responsible for following up with the appropriate campus respective offices and units for the necessary appointment/position title approval.**

**11. Will health insurance be paid by the sponsoring department?**       Yes       No  
 Note that departments may pay health insurance costs for "Visiting Scholar" appointments, per ORA policy.  
 Please notify or confirm with the scholar whether health insurance is provided by the department. The scholar must complete Form C: Health Insurance Memorandum of Understanding. For more information, visit: <http://blink.ucsd.edu/travel/training-guidelines/visitors/scholars.html>

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

<input type="checkbox"/> <b>Main Campus/ SOM/SIO</b> 9500 Gilman Drive La Jolla, CA 92093	<input type="checkbox"/> <b>UCSD Medical Ctr</b> 200 W. Arbor Dr. San Diego, CA 92103	<input type="checkbox"/> <b>Sanford Consortium</b> 2880 Torrey Pines Scenic Dr. La Jolla, CA 92037	<input type="checkbox"/> <b>VA Hospital</b> 3350 La Jolla Village Dr. San Diego, CA 92161	<input type="checkbox"/> <b>Moores Cancer Ctr</b> 3855 Health Sciences Dr. La Jolla, CA 92093
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**Other** (provide location name and address below):

**PROGRAM SPONSOR INFORMATION:**

Name	Signature	Phone Number	Date
Department Chair OR Chief HR Officer:			
Sponsor/Supervisor:			
Department Contact:			<b>Mail Code:</b>
Department Name:	Department Contact E-mail:		

**NOTE: PLEASE ALLOW AT LEAST 10 BUSINESS DAYS TO PROCESS THIS REQUEST**

Departments should submit completed packet to UC San Diego International Faculty & Scholar Office (MC 0123)