

**FORM A: 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. 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 = \$** \_\_\_\_\_

\_\_\_\_\_  
 (Scholar's Name)

**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**