

**UNIVERSITY OF CALIFORNIA, SANTA CRUZ  
INTERNATIONAL SCHOLAR & STUDENT SERVICES**

**ADDENDUM TO SITE OF ACTIVITY AND  
CHANGES TO TERMS & CONDITIONS OF INITIAL EMPLOYMENT FORM**

This form is required if the J-1 scholar will conduct activities that will be off campus, or if the scholar will participate in UCSC OR non-UCSC affiliated activities that were not approved within the *original* J-1 visa request. According to the Code of Federal Regulations, the Activity must be *occasional* in nature, and must be incidental to the scholar's primary program objective. Namely, the Activity can only be authorized for a series of single events and cannot be an ongoing activity (22 CFR § 62.20[g][1]). ISSS must receive SEVIS approval BEFORE the J-1 scholar may begin legal participation in the activity. ISSS will confirm SEVIS approval to the department, division, and scholar via email.

- ISSS MUST RECEIVE THIS FORM AT LEAST TEN BUSINESS DAYS BEFORE ACTIVITY BEGIN DATE -  
- This Form Must Be Completed for Each Activity -

**I. J-1 SCHOLAR INFORMATION**

Scholar Phone Number: \_\_\_\_\_ Scholar Email: \_\_\_\_\_  
Scholar Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*last (family name) first middle*

**II. ACTIVITY / EMPLOYMENT INFORMATION (TO BE COMPLETED BY SCHOLAR)**

Proposed Date(s): From (mm/dd/yyyy) \_\_\_\_\_ to (mm/dd/yyyy) \_\_\_\_\_

Host Institution: \_\_\_\_\_ Host Address: \_\_\_\_\_

Host Contact Person: \_\_\_\_\_ Contact Phone & Email: \_\_\_\_\_

Description of Activity: \_\_\_\_\_

How Activity Directly Relates to J-1 Program Objective: \_\_\_\_\_

Number of Hours Scholar Will Participate in Activity: \_\_\_\_\_ hours total for event -OR- \_\_\_\_\_ hours/week -OR- \_\_\_\_\_ hours/month

TYPE of Payment: \_\_\_\_\_ (honorarium, stipend, travel reimbursement) TOTAL Amount of Payment: \_\_\_\_\_

**II. SPONSOR LETTER (\*ONLY IF OTHER THAN UCSC)**

Sponsors must send an invitation letter to the J-1 Scholar stating the scholar's name, the dates of participation in the activity, a brief description of the activity, and the exact amount of reimbursement. A sample letter is offered on page two of this form.

**III. DEPARTMENT & DIVISION APPROVAL**

Upon Department approval, submit form to Divisional AHR Manager for approval. The Divisional AHR Manager must send form to ISSS.

By signing this form, the UCSC Department and Division confirm that the aforementioned activity is "directly related to the objectives of the exchange visitor's program; (is) incidental to the exchange visitor's primary program activities; (will) not delay the completion of the visitor's program, (and will) be documented in SEVIS" prior to the J-1 Scholar's participation in the activity [22 C.F.R. § 62.20 (g) (1)]. The UCSC department and division understand that signing this form AFTER the J-1 scholar has participated in the aforementioned activity may subject the J-1 scholar to loss of legal status, and may subject the institution to potential legal penalties- including, but not limited to- termination of ability to sponsor J-1 scholars, federal audits, fines, etc.

DEPARTMENT	DIVISION
NAME & TITLE (Chair or Principal Investigator)	NAME & TITLE (Academic Dean or Official Designee)
PHONE / EMAIL	PHONE / EMAIL
SIGNATURE (Department Chair or Principal Investigator) _____ DATE _____	SIGNATURE (Academic Dean or Official Designee) _____ DATE _____
DEPARTMENT CONTACT, IF OTHER THAN ABOVE (name/phone/email)	

**IV. ISSS OFFICE USE ONLY**

SEVIS UPLOAD       DS-2019 ISSUED       SCHOLAR CONTACTED (CC DEPT/DIV)       COPY TO DIVISION       COPY TO FILE  
03.03.09 HMN Addendum / Employment  
1 of 2

**\* SAMPLE SPONSOR LETTER \***  
**IF SPONSORED BY UCSC, THIS LETTER IS NOT NECESSARY**  
**- For Questions, Email [Jvisa@ucsc.edu](mailto:Jvisa@ucsc.edu) -**

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Holly Nigorizawa  
International Scholar and Student Services  
University of California Santa Cruz  
1156 High Street  
Santa Cruz, CA 95064  
(831) 459-3550  
[Jvisa@ucsc.edu](mailto:Jvisa@ucsc.edu)

Date (mm/dd/yyyy)

Dear Ms. Nigorizawa,

The (name of organization or university) would like to invite (scholar's full name) to (explain activity such as lecture, conference, consultation, etc.) regarding (research area/topic) on (date or dates) for a total of ( # ) hours. We will offer (state amount of payment) as a (state type of payment- travel reimbursement, stipend, payment of expenses, or other arrangements) to (scholar's name). We understand that this scholar cannot participate in this activity without prior government authorization through SEVIS. We understand that authorization is confirmed when the scholar submits the updated DS-2019 to us, whereby the funding portion reflects our institution's compensation.

If further information is needed please contact (name, email, telephone, etc.)

Sincerely,

(name, title, organization address)