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| **California State University Northridge ● J-1 Exchange Visitor Program** **Visa Sponsorship EXTENSION Request Form – PAID SCHOLARS** |

***NOTE:*** *Completed form should be submitted at least 2 months prior to the end of the originally approved visit.*

The Exchange Visitor Program, administered by the U.S. Department of State allows the University to use the J-1 Exchange Visitor visa status to invite or employ foreign professors, research scholars, and short-term scholars in the United States temporarily.

**Faculty Host:** Click or tap here to enter text.

**Title:** Click or tap here to enter text. **Mail Code:** Click or tap here to enter text.

**Email:** Click or tap here to enter text. **Phone:** Click or tap here to enter text.

**Department/Program:** Click or tap here to enter text. **College:** Click or tap here to enter text.

By signing, I acknowledge my responsibilities and understand that if I do not comply with university guidelines, the visa sponsorship of my visitor(s) may be rescinded and my college will have to pay for the travel expenses for them to return to their country. I may also lose my privilege to invite future international visitors.

**Faculty Host Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of the Visiting Scholar**: Click or tap here to enter text.

**Current Address 1:** Click or tap here to enter text.

**Current Address 2**: Click or tap here to enter text.

**City:** Click or tap here to enter text. \*Visitors may not reside outside of California.

**Postal Code/Zip Code:** Click or tap here to enter text.

**THE DATES OF THE ORIGINAL STAY**

From: Click or tap to enter a date. To: Click or tap to enter a date.

**END DATE FOR PROPOSED EXTENSION**:

The planned dates of the visit should be in keeping with the purpose of the visit and the assignments as outlined.

**Proposed Departure Date**: Click or tap to enter a date.

**Section 1: Purpose and Duration of the Extended Visit**

**(To be completed by the sponsoring CSUN department/college)**

The Exchange Visitor Program is intended to promote mutual understanding between the people of the United States and the people of other countries by educational and cultural exchanges. In particular, the exchange of professors and research scholars is intended to promote the exchange of ideas, research, mutual enrichment and linkages between research and academic institutions in the United States and foreign countries. **The main purpose of the Exchange Visitor Program is to foster global understanding through educational and cultural exchanges.** All exchange visitors are expected to return to their home country upon completion of their program in order to share their exchange experiences

1. What is the reason for the extension?

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1. What are the specific research and/or instructionally-related activities for the visiting scholar during the rest of his/her stay? Please provide a detailed, non-technical description of the responsibilities, activities, and/or duties.

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1. Please indicate what specific cultural programs/activities will be incorporated to the visitor’s experience while in the U.S. (Some examples of cultural programs and activities could be attending lectures by U.S. scholars/faculty/students; providing lectures to U.S. faculty/staff/students; attend performances which expose visitors to the U.S. culture; and other activities that promote cultural exchange.)

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**Section 2: Financial and Support Plans**

**(**To be completed by the faculty host/sponsoring department)

**Housing Arrangements**

While the sponsoring college/department may not be providing housing for the visiting scholar (who may, for example, have those arrangements covered by their home institution, by personal funds, or the like), it is important that the sponsoring CSUN department/college check to ensure that housing arrangements are in place (so that the visiting scholar does not arrive with mistaken expectations and/or no housing arrangements in place).

**Funding:**

Please provide a budget for the planned visit, and indicate the dollar amount for each item to be provided. The budget should include all committed resources. Though necessary expenses may vary from one visitor to another, typical budget items include the following: compensation (if any) for the visiting scholar/instructor; general office-expense or lab-funding allowance; office and/or lab space; office and/or lab equipment; library access; access to designated campus facilities (e.g., CSUN Recreation Center); student and/or teaching assistant/s; and housing and living expenses. If there are specific expenditures involved (beyond allocation of resources – office, existing equipment, etc.), please indicate the sources of the funding, e.g., general fund, Trust, University Corporation grant, and/or grants held by the visiting scholar or made by his/her home institution.

NOTE: If the grant funding is managed by The University Corp (TUC), please include the project ID and account number. The University Corp. will verify that appropriate funds are available.

**Sources of Financial Support:**

Minimum salary requirements: Visiting scholars are hired and classified as exempt employees, and thus, salary requirement must meet the California minimum wage for exempt. As of January 1, 2022, California exempt minimum is $62,400. Beginning January 1, 2023, California exempt minimum will be $64,480. Please plan accordingly.

**Please note that the amounts below must be exact as they will be used for the visiting scholar’s invitation letter which is our contractual agreement with them for their stay.**

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| Funding Source | Amountper month(USD) | # ofMonths | TotalAmount |
| **CSUN** General FundAccount # Click or tap here to enter text. | $  |  | $ |
| **The University Corp**Account # Click or tap here to enter text. | $ |  | $ |
| **U.S. Government agency** funds to ***this*** Exchange Visitors:Name of Agency: Click or tap here to enter text. | $ |  | $ |
| **International Organization**: Name of Agency funding thisExchange Visitor [e.g., UN, WHO, NATO]: Click or tap here to enter text. | $ |  | $ |
| **Exchange Visitor’s Government:**Name of Agency: Click or tap here to enter text. | $ |  | $ |
| **Other organizations/Institutions** in the U.S. or abroad:Names(s): Click or tap here to enter text. | $ |  | $ |
| **Personal funds** (\*must include a copy of bank statement from the last two months) | $ |  | $ |

**Verification of Grant Funds**

**The University Corporation (TUC) at CSUN Human Resources Approval****:**

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Budget Verification from** **TUC if the planned visit will use CSUN grant funds managed by TUC:**

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**BENEFITS:**

As part of resource allocation, what type of benefits do you intend to provide for the rest of the visit?

[ ]  **No Benefits** - for salaried employees who work less than 29 hours a week and/or have an appointment of less than 3 months

[ ]  **Benefit Category Group A** –for salaried employees working an average of 20 or more hours a week

* Vacation - Paid Holidays
* Sick Leave - Retirement Benefits (under specific conditions)
* Personal Holiday - Tax Sheltered Annuity Plan

[ ]  **Benefit Category Group B** - for employees working an average of 30 or more hours a week

* Vacation - Dental Plan
* Sick Leave - Vision Plan
* Personal Holiday - Life Insurance/AD&D
* Paid Holidays - Retirement Benefits (under specific conditions)
* Health Insurance - Tax Sheltered Annuity Plan

**Health Care Insurance:**

The CSUN-sponsored health insurance does not become effective immediately. All visitors need to have health and accident insurance policy offering at least U.S. $100,000.00 (USD) in major medical and hospital coverage. Therefore, proof of health insurance *(including provisions for evacuation and repatriation)* is required for the first 30 days of the appointment. Once the CSUN-sponsored health care benefits take effect, the visiting scholar will no longer need to provide proof of health care insurance.

**Repatriation and Evacuation Insurance:**

In addition to healthcare coverage, visitors must have insurance coverage of ***$25,000.00 (USD) in repatriation and $50,000.00 (USD) in evacuation costs*** through their entire appointment at CSUN. Additionally, the visitor’s deductible should not exceed $500 USD per accident or illness.

You may choose to obtain insurance through jcb Insurance Solutions:

* Go to <https://jcbins.com>
* Type CSUN in the search box
* Select your plan year (i.e. 2020/2021) and your student category (i.e. International). Click Go.
* Scroll down and click 'Start Here'
* Answer Question #1. Then Select Coverage Term (i.e. Annual, Fall only).
* Click "Agree to Terms & Conditions"
* Create account
* Make payment

● If the policy is purchased elsewhere, please bring a receipt showing proof of expiration date as well as the policy description, or a letter from the insurance company with your full name verifying that your current insurance meets the above requirements. Policies purchased in countries other than the United States must be officially translated in English and all relevant amounts must be in U.S. dollars.

**Section 3: CSUN Approval Signatures**

**Electronic signatures are accepted, Adobe sign is not as it locks the document.**

**DEPARTMENT CHAIR’S SIGNATURE**: The signature of the sponsoring department’s/program’s chair/coordinator indicates approval of the plan and the department’s readiness to assume the responsibilities involved in sponsoring and hosting this proposed Visiting Scholar.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**DIRECTOR OF FINANCE AND OPERATIONS (DFO)**: The signature of the sponsoring college’s DFO, below, indicates that all elements of Section 3 have been reviewed.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**COLLEGE DEAN’S SIGNATURE**: The signature of the sponsoring department’s/program’s dean indicates the college’s support for this proposed Visiting Scholar, confirmation that the proposed visit will be of significant benefit to CSUN and the college’s faculty and students, and that the college confirms its willingness to provide the resources and support needed for this Visiting Scholar as outlined above.

Print Name: Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**FACULTY AFFAIRS**: The signature of the Associate Vice President for Faculty Affairs confirms that this form has been completed in keeping with university procedures and provides the information necessary to approve the request and process a formal letter of invitation.

Print Name: **Diane Guido, AVP Faculty Affairs**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**CSUN VICE PROVOST**: The signature of the Vice Provost (or designee) indicates that the Vice Provost has been informed of this planned visit and supports its moving forward as described above.

Print Name: **Vice Provost Matthew Cahn**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Return Completed form to:**

**Ashley Thompson**

**Office of Faculty Affairs**

**VH 305, Mail Code: 8220**

**Create and insert a handwritten signature**

You need a scanner to do this.

1. Write your signature on a piece of paper.
2. Scan the page and save it on your computer in a common file format: .bmp, .gif, .jpg, or .png.
3. Open the image file.
4. To crop the image, click it to open the Picture Tools **Format** tab, click **Crop**, and then crop the image.



1. Right-click the image, and then click **Save as Picture** to save the picture as a separate file.
2. To add the signature to a document, click **Insert** > **Pictures**.



**Include typewritten text with your reusable signature**

If you want information like your job title, phone number, or email address to be part of your signature, save it along with the picture as AutoText.

1. Type the text you want under the inserted picture.
2. Select the picture and the typed text.
3. Click **Insert** > **Quick Parts**.



1. Click **Save Selection to Quick Part Gallery**. The **Create New Building Block** box opens.



1. In the **Name** box, type a name for your signature block.
2. In the **Gallery** box, select **AutoText**.
3. Click **OK**.
4. When you want to use this signature, place the insertion point where you want to insert the signature block.
5. Click **Insert** > **Quick Parts** > **AutoText**, and then click the name of your signature block.

**Insert a signature line**

Use the **Signature Line** command to insert a signature line with an X by it to show where to sign a document.

1. Click where you want the line.
2. Click **Insert** > **Signature Line**.



1. Click **Microsoft Office Signature Line**.
2. In the **Signature Setup** box, you can type a name in the **Suggested signer** box. You can also add a title in the **Suggested signer’s title** box.
3. Click **OK**. The signature line appears in your document.

