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| **California State University Northridge****J-1 Exchange Visitor Program** **VISA SPONSORSHIP EXTENSION REQUEST FORM** **PAID VISITING SCHOLARS** |

***NOTE:*** *Completed form should be submitted at least 1 month prior to the end of the originally approved visit.*

Name of the Sponsoring Department: Click or tap here to enter text.

Name of the Sponsoring College: Click or tap here to enter text.

Faculty Member or Administrator designated by the College as the Primary Contact and Host for this Visiting Scholar:

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: 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and understand that if I do not comply with University guidelines, the visa sponsorship of my visitor(s) may be rescinded and my college will have to pay for the travel expenses for them to return to their country.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. State: Click or tap here to enter text.

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.

**Section 1 – Purpose and Duration of the Extended Visit (to be completed by the sponsoring CSUN department/college)**

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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**DATES OF THE EXTENDED VISIT**

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

The planned dates of the visit should be in keeping with the purpose of the visit and the assignments as outlined. *(NOTE: Please allow at least one month prior to the end date of their current program in order for the Visiting Scholar to be updated in SEVIS in a timely manner.)*

**Section 2 – Financial and Support Plans (for completion by the sponsoring CSUN department/college)**

**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 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. **Before submission, the proposed budget should be reviewed by the sponsoring college’s MAR.**

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| Funding Source | Amountper month(USD) | # ofhours | HourlyRate | # ofMonths | TotalAmount |
| **CSUN** General Fund Account #  | $      |       |       |       | $      |
| **The University Corp**Account #  | $      |       |       |       | $      |
| **U.S. Government agency** funds to ***this*** Exchange Visitors.Name of Agency:  | $      |       |       |       | $      |
| **International Organization**: [e.g. UN, WHO, NATO] funding ***this*** Exchange Visitor.Name of Agency:  | $      |       |       |       | $      |
| **Exchange Visitor’s Government:**Name of Agency: | $      |       |       |       | $      |
| **Other organizations/Institutions** in the U.S. or abroad:Names(s):  | $      |       |       |       | $      |
| **Personal funds** (include bank statement): | $      |       |       |       | $      |

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

[ ]  No Benefits - **for self-support visitors or 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 COVERAGE:** Proof of health insurance *(including provisions for evacuation and repatriation)* is required for the research period. If the visiting scholar wishes, this insurance can be secured through CSUN prior to arriving in the U.S. If secured elsewhere, please provide evidence of coverage. (i.e., submit a copy of policy provisions).

**Human Resources Approval from the CSUN University Corporation:**

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

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

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

The signature of the University Corporation representative, below, confirms that the grant funds as proposed in the budget above are available and are being appropriately used for the proposed scholarly visit as outlined in sections 1 and 2 above.

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

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

**Section 3: CSUN Approval Signatures**

**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**: 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 of the College DFO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 in Sections 1 and 2, above.

Print Name: Click or tap here to enter text.

Signature of the College Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**FACULTY AFFAIRS**: The signature of the Interim 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 Click or tap here to enter text.

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

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

Print Name Click or tap here to enter text.

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

**Return Completed form to:**

**Ashley Thompson**

**Office of Faculty Affairs**

**VH 305**

**Mail Code: 8220**