



## Addendum to Site of Activity

### Exchange Visitor Information:

Passport Surname(s): \_\_\_\_\_ Passport Given Name(s): \_\_\_\_\_  
Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

### SCSU Host Department Information:

Department Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Activity/Employment Information at Additional Site:

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Host Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Proposed Begin Date: (mm/dd/yyyy): \_\_\_\_\_ Proposed End Date: (mm/dd/yyyy): \_\_\_\_\_

Description of Activity:

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How Activity Directly Relates to current J-1 Program Objective:

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# of Hours J-1 Exchange Visitor Will Participate in Activity: Total for event: \_\_\_\_\_ Hours/week: \_\_\_\_\_ Hours/month: \_\_\_\_\_

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

TOTAL Amount of Payment: \_\_\_\_\_ (in U.S. dollars)

### Authorization:

*My signature on this worksheet means the information provided is accurate and complete regarding this exchange visitor. By signing below, the Department Chair and College/School Dean are in full agreement regarding the invitation of this exchange visitor.*

\_\_\_\_\_  
(Signature of Faculty Mentor or Administrator)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of Department Chair)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Signature of College/School Dean)

\_\_\_\_\_  
(Date Signed)