

Step Three:

Addendum to Site of Activity and Changes to Terms & Conditions of Initial Employment

This form is required if the J-1 Exchange Visitor will conduct activities off campus, or if the Exchange Visitor will participate in St. Cloud State University or non-St. Cloud State University affiliated activities that were not approved within the *original* J-1 Exchange Visitor Application. According to the Code of Federal Regulations, the activity must be *occasional* in nature, and must be incidental to the Exchange Visitor's primary program objective. Namely, the activity can only be authorized for a series of single events and not an ongoing activity (22 CFR § 62.20[g])[1]). The Center for International Studies must receive and submit for approval at *least 10 business days before* the J-1 Exchange Visitor may begin legal participation in the activity and will confirm approval to the department and Exchange Visitor by email. This form must be completed for each activity.

EXCHANGE VISITOR INFORMATION

Name: _____
Last (family name) First Middle

Phone Number: _____ E-mail: _____

ACTIVITY/EMPLOYMENT INFORMATION

Proposed Date(s): From _____ to _____
(month/day/year) (month/day/year)

Host Institution: _____

Host Address: _____

Host Contact Person: _____ Contact Phone & Email: _____

Description of Activity:

How Activity Directly Relates to J-1 Program Objective:

of Hours Exchange Visitor 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: _____ (in U.S. dollars)

SPONSOR LETTER (*only if other than St. Cloud State University*)

Sponsors must send an invitation letter to the J-1 Exchange Visitor stating the Exchange Visitor'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 at the end of this form.

DEPARTMENT APPROVAL

By signing this form, the appropriate St. Cloud State University department confirms 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 Exchange Visitor's participation in the activity [22 C.F.R. § 62.20 (g) (1)]. The St. Cloud State University department understands that signing this form AFTER the J-1 Exchange Visitor has participated in the aforementioned activity may subject the J-1 Exchange Visitor 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.

By signing below, the Faculty Mentor, College/School Dean and Provost and Vice President/Academic Affairs are in full agreement regarding the additional employment of this Exchange Visitor.

Faculty Mentor

Date

College/School Dean

Date

Provost/Vice President of Academic Affairs

Date

Reviewed by the Center for International Studies:

RO/ARO

Date

CENTER FOR INTERNATIONAL STUDIES

ST. CLOUD STATE UNIVERSITY
101 Lawrence Hall, 720 Fourth Ave. South
St. Cloud, MN 56301, U.S.A.

** SAMPLE SPONSOR LETTER **

IF SPONSORED BY ST. CLOUD STATE UNIVERSITY, THIS LETTER IS NOT NECESSARY

RO/ARO
Center for International Studies
St. Cloud State University
101 Lawrence Hall, 720 Fourth Ave. South
St. Cloud, MN 56301, U.S.A.

Date (mm/dd/yyyy)

Dear RO/ARO,

The (name of organization or university) would like to invite (visitor'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 (visitor's name). We understand that this exchange visitor cannot participate in this activity without prior government authorization through SEVIS. We understand that authorization is confirmed when the exchange visitor 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)