

J-1 Off-Campus Activity Request Form – For Occasional Lectures & Consultations

This form must be submitted to OISS no less than 10 business days prior to the start of the J-1 Off-Campus Activity. The activity and authorization for payments/ reimbursements are only allowed during the approved dates. OISS will update the J-1 Exchange Visitor's status SEVIS and issue a new J-1 DS-2019 form along with the off-campus authorization letter. This form must be completed for each new off-campus activity request.

Section 1: J-1 Exchange Visitor's Information

Name of J-1 Exchange Visitor: _____
 (As shown in passport) Last First Middle

SEVIS ID #: N _____ Email Address: _____

Section 2: Proposed Off-Campus Activity Information

Include copy of the invitation letter from the J-1 off-campus host ([See sample letter here](#))

Name of the Host Institute/Company:	
Site of Activity Address(es): (Site of Activity must be updated in SEVIS prior to change in physical location)	
Dates of Activity	
From: _____ / _____ / _____ (cannot be retroactive to the current date)	To: _____ / _____ / _____ (cannot exceed the current J-1 program end date)
Number of hours per week (cannot exceed 20 hours/week):	Approximate amount of payment: \$ _____
Description of Activity:	

How the activity is directly related to your program objectives at UC Santa Barbara:

**Section 3: Approval by the J-1 Exchange Visitor's Supervisor and Department Chair/
Institute Director.**

I have reviewed and approve the J-1 off-campus activity for the above-mentioned J-1 Exchange Visitor. I hereby confirm that the off-campus activity is directly related to the J-1 Exchange Visitor's research objectives. This activity is incidental to the primary program objectives with the UCSB Department/Research Institute and will not delay the completion of the current J-1 program end date. This authorization will not be used as a form of secondary employment authorization with a non-UCSB employer.

Supervisor's Name:

Signature:

Date:

_____/_____/____

Department Chair's/ Institute Director Name:

Signature:

Date:

_____/_____/____