



J-1 Off-Campus Payment Authorization

SECTION A: PERSONAL INFORMATION

First Name: Last Name:

Street Address:

City, State: Postal Code:

Email Address: Phone Number:

SEVIS ID Number:

UCM School: UCM Sponsoring Faculty:
 (Engineering, SSHA, Natural Sciences, etc)

SECTION B: PROPOSED ACTIVITY INFORMATION

Name of non-UCM Activity:

Address of non-UMC activity:

Contact Person:

Activity Start Date (MM/DD/YY): Activity End Date (MM/DD/YY):

Hours per Week/Month: Amount of Compensation \$:

Description of Activity and how it would enhance your UCM Program:

SECTION C: UCM HOST FACULTY CERTIFICATION:

As the UC Merced Sponsoring faculty, I certify the Following:

- 1) The proposed activity is directly related to the objectives of the Exchange Visitor's Program;
- 2) The proposed activity is incidental to the Exchange Visitor's primary activities; and
- 3) The Proposed activity will not delay the completion date of the Exchange Visitor's Program.

Sponsoring Faculty Name:	Signature:	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Exchange Visitor's Signature: Date: