

INTERNATIONAL SCHOLARS

Request for J-1 Occasional Lectures and Short-Term Consultations

Use this form to request approval from The Ohio State University for reimbursements and/or compensation for J-1 scholar Occasional Lecture and/or Short-term Consultation at another institution or Corporation.

Department of State J-1 regulations allow visiting scholars to participate in occasional lectures and short-term consultations outside of the program sponsor, The Ohio State University, under limited conditions. Before accepting such an opportunity, the scholar must first obtain approval in writing in advance from The Office of International Affairs (OIA). To request authorization for additional activity and reimbursements and/or compensation, the scholar must present a completed and signed version of this form to an OIA Immigration Coordinator during an appointment.

Scholar

Complete the top portion of this form and send it to your inviting institution/corporation.

Scholar Last Name: _____ First Name: _____

Scholar Email: _____ Date of Birth: _____

Inviting institution/corporation: please complete this portion of the form or attach a letter that includes the following and return it to the above scholar. Please attach additional materials and documents if necessary.

Dates of activity: _____ Total hours involved: _____

Field or subject: _____

Amount of compensation: _____

A description of the activity: _____

Name of authorized representative: _____

Signature of authorized representative: _____

Institution/Corporation name & address: _____

Email: _____ Phone: _____

Scholar

Upon receipt of the completed Inviting institution/corporation portion, send this form to your Department Head or Supervisor at The Ohio State University.

INCLUDE ANY ADDITIONAL MATERIALS OR DOCUMENTS FROM YOUR INVITING INSTITUTION/CORPORATION IF APPLICABLE

OSU Department Head or Supervisor: please complete this portion and return to scholar

I acknowledge that I have read the materials from the Inviting institution/corporation. I also confirm the following concerning the proposed activity:

The proposed additional activity is directly related to the scholar’s original program objective because

It is, furthermore, incidental to the scholar’s primary activities, will not delay completion of their program, and is occasional and not an ongoing activity.

The proposed activity will enhance the scholar’s program by

I recommend approval of the proposed activity.

Name of Department Head or Supervisor: _____

Signature of Department Head or Supervisor: _____

Email: _____ Phone: _____

Scholar

Upon receipt of this completed request form, [schedule an appointment](#) with an OIA Immigration Specialist and bring the form with you to the appointment.

