

# Departure From U.S.

## Professor / Research Scholars / Student Intern



### NOTICE OF ABSENCE/DEPARTURE FROM THE UNITED STATES

*For use by J-1 professors and research scholars only (MUST also see an Scholar Advisor for counseling)*

#### PERSONAL INFORMATION:

Full Legal Name: \_\_\_\_\_  
Last/Family Name First/Given Name Middle Name

Date of Birth: \_\_\_\_\_  Male  Female  Dr.  Mr.  Ms.  Mrs.  
Month/Day/Year

Address overseas during the absence: \_\_\_\_\_  
Street City Country Zip Code

Phone: \_\_\_\_\_ Phone # during the absence: \_\_\_\_\_

E-mail: \_\_\_\_\_ ID/Banner ID: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

**Note: You are required to present your new I-94 printout and passport to OISS upon your return.**

#### PURPOSE OF ABSENCE OUTSIDE THE U.S.:

- Personal** Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_
1. Please attach a **copy of your plane tickets**.
  2. The absence from the U.S. cannot be more than 30 days. If more than 30 days, your SEVIS record will be terminated; and the Department of State and Homeland Security will be notified.
- J-1 Program-Related** Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_
1. Please attach a **copy of your plane tickets**.
  2. The absence from the U.S. for a program-related reason cannot be more than six months. If more than six months, your SEVIS record will be terminated; and the Department of State and Homeland Security will be notified.
  3. Please attach an **official memo from your Midwest University department chair** stating:
    - Nature of the visit outside the U.S.;
    - How it relates to the EV's original program objectives;
    - Length of the visit outside the U.S.;
    - Address of where the EV will conduct his/her EV program objectives during the visit; and
    - Attestation that the sponsoring department will pay for the EV's federally-mandated health insurance, if EV neglects to do so prior to departure for him/herself and J-2 dependents if any.

#### DEPARTURE FROM U.S.:

- Due to Termination/Resignation of Employment:** Departure Date: \_\_\_\_\_
- Due to Completion of Program:** Departure Date: \_\_\_\_\_

#### ATTESTATIONS:

- Yes  No I will inform MIO and my department if my flight schedule changes.
- Yes  No I will purchase health insurance for myself and my dependents (if any) to cover the period of absence to keep my SEVIS record active with Wayne State University.
- Yes  No  N/A I will inform MIO if my J-2 dependent(s) will remain in the U.S. during my absence.
- Yes  No I will inform MIO of my address and/or name change within 10 days from moving/name change.
- Yes  No  N/A I will inform MIO if my J-2 dependent(s) depart the U.S.

**J-1 Professor/Research Scholar Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### FOR OISS USE ONLY

Date of Receipt: \_\_\_\_\_ MIO Scholar Advisor: \_\_\_\_\_  
Date of Record/Database Update: \_\_\_\_\_ Initial by Scholar Program Specialist: \_\_\_\_\_