

# Departure From U.S.

## Professor / Research Scholars / Student Intern



Midwest International Research Institute (MIRI)  
 Midwest University  
 USDS Certified DS-2019  
 J-1 Exchange Research Scholar, Prof, Student-Intern Programs

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

For use by J-1 professors and research scholars only

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**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: \_\_\_\_\_

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**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 director** stating:  
 - Nature of the visit outside the U.S.;  
 - How it relates to the Exchange Visitor(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: \_\_\_\_\_

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**ATTESTATIONS:**

Yes  No I will inform MIRI 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 Midwest University  
 Yes  No  N/A I will inform MIRI if my J-2 dependent(s) will remain in the U.S. during my absence.  
 Yes  No I will inform MIRI of my address and/or name change within 10 days from moving/name change.  
 Yes  No  N/A I will inform MIRI if my J-2 dependent(s) depart the U.S.

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

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**FOR MIRI USE ONLY**

Date of Receipt: \_\_\_\_\_ MIRI Scholar Director: \_\_\_\_\_  
 Date of Record/Database Update: \_\_\_\_\_ Initial by Scholar Program Specialist: \_\_\_\_\_