

J1 EXCHANGE VISITOR OUT OF COUNTRY REQUEST

The U.S. Department of State (DOS) introduced an "Out of Country" functionality that allows a J-1 Research Scholar or Professor participating in his/her Exchange Visitor Program activities outside the U.S. to keep their J-1 program sponsored by the University of Alabama in Huntsville active during their time outside of the U.S.

J-1 Exchange Visitor Family Name: _____ First Name: _____

Out of Country Start Date (date J1 will leave the U.S.): _____ End Date: _____
mm/dd/yyyy mm/dd/yyyy

Out of Country Residence: _____ City: _____

Country: _____ Province/Territory: _____ Postal Code: _____

Email Address: _____

Out of Country Location/Address where activities will be conducted: _____

Out of Country Site of Activity (Address): _____ City: _____

Country: _____ Province/Territory: _____ Postal Code: _____

If program activities will be conducted at multiple locations, list the address(es) of the locations on the back of this form.

Purpose/Reason for Out of Country Request:

Exchange Visitor Attestation of Compliance:

I understand that as a J1 Exchange Visitor I must continue to maintain my status and comply with the regulations of the Exchange Visitor Program. I understand that I must:

- 1) Maintain a valid email address for purpose of communicating with the International Student and Scholar Office.
- 2) Report any changes in my address, activities, dates indicated on this "out of country" request form, or status to the International Student and Scholar Office.
- 3) Maintain medical/health insurance that meets the Department of State standards specified in (22 CFR 62.14, 22 CFR 62.40(a)(4) throughout the J1 exchange period and that upon my return to the U.S., I will be required to resume either UAHuntsville employee or the University sponsored scholar health insurance coverage from the date I return to the U.S. to resume my Exchange Visitor activities. *I understand that if I do not have access to adequate health insurance the country where I will be conducting my J1 program activities then I am eligible to purchase the University sponsored health insurance plan for scholars throughout the period I am authorized to be "out of country".*
- 4) Ensure all dependents who have accompanied me to the U.S. leave with me, if the period of time I will be physically out of the country exceeds 30 days.

Signed: _____

.....Date: _____

We, the sponsoring department, certify that:

- The J1 Exchange Visitor will be conducting UAHuntsville J1 program activities while he/she is outside the U.S. and acknowledge that he/she will remain in “SEVIS-Active” program status during the period of time requested above.
- The EV and J2 dependents (if any) will maintain medical/health insurance that meets the Department of State standards specified in (22 CFR 62.14, 22 CFR 62.40(a)(4) throughout their J1 exchange period. *If the J1 EV does not have access to adequate health insurance the country they will be conducting their activities then they will be eligible to purchase the University sponsored health insurance plan for scholars.*
- I support the J1 exchange visitor’s request to be “out of country” for the purpose and dates listed on this form.
- I will notify the International Student and Scholar Office if there are any changes in the proposed plan including any changes in the “out of country” dates.

During this absence the Exchange Visitor will: (check all that apply)

- Be on an approved leave of absence with pay
- Be on an approved leave of absence without pay
- Be terminated effective _____(mm/dd/yyyy)
- Be re-hired upon return to the US into the same position/department
- Be eligible for employee benefits (medical insurance)
- Be hired into a different position/department (provide details) _____
- Have a UAHuntsville email address
- Are there are any restrictions or conditions which would keep the individual from returning to their current position? (example: funding) If so please explain

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|--------------------------------------|-----------|-------|
| UAHuntsville PI/Faculty Sponsor Name | Signature | Date |
| _____ | _____ | _____ |

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|-----------------------|-----------|-------|
| Exchange Visitor Name | Signature | Date |
| _____ | _____ | _____ |