

J-1 Scholars – Out of Country Application

Active, in-person participation in J-1 program activities is a requirement of the J-1 Exchange Visitor Program. Any extended absences from the United States must be reviewed for approval by Exchange Visitor Services. *Approval is not guaranteed.*

Out of Country Application Required if:

Your Category	If gone more than...
Research Scholar OR Professor	30 days
Student Intern OR Short-Term Scholar	15 days

Please submit this application at least 30 days prior to your requested departure date.

Last Name: _____ First Name: _____

UFID: _____ Email: _____

Anticipated Out-of-Country Begin Date: _____

Anticipated Out-of-Country End Date: _____

Any changes to the begin or end date must be reported to EVS.

Do you have any J-2 Dependents?

☐ Yes ☐ No

Will they be traveling with you?

☐ Yes ☐ No

You and your J-2 dependent(s) (if applicable) must maintain valid insurance coverage in the United States for the duration of travel.

Complete, sign, and return both pages of this document to your EVS advisor.

Reason for Travel

☐ **Collaborative Research/Fieldwork for UF Program**

Documentation required: justification letter from UF faculty supervisor, signed and on UF letterhead.

Name of institution and address:

☐ **Delays in Visa Renewal Processing**

Documentation required: visa appointment confirmation, administrative processing letter/form from Embassy/Consulate (if applicable).

☐ **Medical Emergency (Self)**

Documentation required: letter from medical professional indicating that it is medically necessary for you to remain in your country for treatment (must provide specific dates). Letter must be in English or accompanied by a translation.

☐ **Medical Emergency (Family)**

Documentation required: letter from medical professional indicating that it is medically necessary for you to assist your family member's treatment (must provide specific dates). Letter must be in English or accompanied by a translation.

Out-of-Country Location

City: _____ Country: _____

Acknowledgment of Responsibility

I acknowledge that I must maintain the required J exchange visitor insurance coverage throughout the duration of the sponsored J program, and if this requirement is not continuously met, my program may be terminated. I also acknowledge that I must return to the United States by the out-of-country end date indicated above, unless I obtain additional written approval from EVS.

J-1 Exchange Visitor's Signature: _____ Date: _____

Departmental Acknowledgment

I acknowledge the proposed out-of-country travel.

Faculty Sponsor's Signature: _____ Date: _____

Departmental Administrator's Signature: _____ Date: _____