

J-1 SCHOLARS - OUT OF COUNTRY FORM

In order to ensure there are no breaks in the continuity of your J-1 program, Exchange Visitor Services will need to be informed of the duration and reason for any extended absences.

Instances when the Out of Country Authorization IS required

Category	If gone more than...	Maximum Out of Country duration
Research Scholar	30 days	90 days
Professor	30 days	90 days
Short-Term Scholar	15 days	30 days
Student Intern	Any time outside of the US	15 days

The “Out of Country” function allows for the SEVIS record to remain active and shows that the scholar is still an active participant of the sponsor’s program but is actively pursuing the program activity outside of the USA.

If you decide not to return to UF during the time you will be out of the country; please report your decision to both your department and EVS, as arrangements will need to be made to your immigration records.

In addition to completing this form, the visitor and dependents (if applicable) will be required to maintain valid insurance coverage since The Department of State considers an active record to indicate continued program participation.

Please submit this form at least 30 days prior to the scholar’s departure date.

J-1 Scholar Last Name: _____ First Name: _____ UFID: _____

Email: _____

Out of Country Begin Date: _____ Out of Country End Date: _____

***Must notify EVS if the out of country begin and end date has change**

Do you have any J-2 Dependents? Yes No Will they be traveling with you? Yes No

Name of Institution or Out of Country Location: (Location where J-1 scholar will continue to pursue the program of activity for which she or he was admitted to USA)

Name: _____

Address: _____ City: _____

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

Please describe the reasons for your absence (research, visa renewal, personal leave, etc.):

Acknowledgment of Responsibility:

I acknowledge that the J exchange visitor, whose name is posted above, 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, the applicable J program may be terminated.

Signature of Faculty Sponsor: _____ Date: _____

Signature of J-1 Exchange Visitor: _____ Date: _____

Signature of Department Administrator: _____ Date: _____