

This form is for use by J-1 professors, research scholars and short-term scholars only. J-1s using this form must also make an appointment to see an International Services Advisor at International Services (IS) for counseling.

Part I. Personal Information

1. Full Legal Name: _____
Family/Surname Name First/Given Name Middle Name

2. Gender: Male Female 3. Date of Birth: _____ 4. Title: Dr. Mr. Ms. Mrs.

Part II. Overseas Contact Information while absent from the U.S.

5. Address overseas during the absence: _____
Street City Country Zip code

6. Phone No: _____ 7. Alternative Phone No. _____ 8. E-mail: _____@Clemson.edu

9. CUID No: _____ SEVIS ID No: N000_____

Part III. Purpose of Absence outside the U.S.

10. **Non-program related** Departure Date: _____ Return Date: _____

a) Please attach a **copy of your plane tickets**.

b) 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. *For more information, please contact IS.*

11. **J-1 Program-Related** Departure Date: _____ Return Date: _____

a) Please attach a **copy of your plane tickets**.

b) The absence from the U.S. for a program-related reason cannot be more than five months. If more than five months, your SEVIS record will be *terminated* and the Department of State and Homeland Security will be notified.

c) Please attach an **official memo from your CU host supervisor/department chair** stating:

- 1) Nature of the visit outside the U.S.;
- 2) How it relates to the exchange visitor's (EV) original program objectives;
- 3) Length of the visit outside the U.S.;
- 4) Site address where the EV will conduct his/her EV program objectives during the visit; and
- 5) 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) for the entirety of their absence.

Part IV. Attestations

Yes No I will inform IS 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 in order to keep my SEVIS record active with Clemson University and the Department of State.

Yes No N/A I will inform IS if my J-2 dependent(s) will remain in the U.S. during my absence.

Yes No I will inform IS of my address and/or name change within 10 days of the move/ change.

Part V. Signature

J-1's Signature: _____ Date: _____

Host Supervisor's Signature: _____ Date: _____