

NOTICE OF ABSENCE/DEPARTURE FROM THE UNITED STATES

- For use by J-1 professors and research scholars only.
- Please also see an OISS advisor before departing the U.S.

PERSONAL INFORMATION		
Last Name:		First & Middle Names:
Date of Birth:	SEVIS ID:	Banner ID:
Email:		Phone:
OVERSEAS CONTACT INFORMATION		
<i>Please provide the address of where you will be and an email and/or phone number we can reach you at, if needed, during your absence.</i>		
Street Address:		
City:	Country:	Postal Code:
Email (if other than above):		Phone (if other than above):
NOTE: You are required to present your new I-94 printout and passport to OISS upon your return.		
PURPOSE OF ABSENCE OUTSIDE OF THE U.S.		
Temporary Absence	Departure Date:	Return Date:
<input type="checkbox"/> Personal <ol style="list-style-type: none"> 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. <input type="checkbox"/> J-1 Program Related <ol style="list-style-type: none"> 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 WSU department chair stating: <ul style="list-style-type: none"> • Nature of the visit outside the U.S. • How it relates to the EV's original program objectives • Length of the visit outside the U.S. • Address of where the EV will conduct his/her EV program objective during the visit • 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.	Departure Date:	
<input type="checkbox"/> Due to Termination/Resignation of Employment <input type="checkbox"/> Due to Completion of Program		
ATTESTATIONS		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I will inform OISS and my department if my flight schedule changes	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 Wayne State University	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	I will inform OISS if my J-2 dependent(s) will remain in the U.S. during my absence	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I will inform OISS of my address and/or name change within 10 days from moving/name change.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	I will inform OISS if my J-2 dependent(s) depart the U.S.	
Scholar Signature:		Date:
FOR OISS USE ONLY		
OISS Advisor:		Completed Date: