

# INTERNATIONAL STUDENT & SCHOLAR SERVICES

University of Connecticut 2011 Hillside Road, Unit 1083; Storrs, CT 06269 Phone: 860-486-3855 Fax: 860-486-5800

Web: <http://iss.uconn.edu>

## J-1 PROFESSOR/RESEARCH SCHOLAR'S TRAVEL ABROAD OUT-OF-COUNTRY REQUEST

This form must be submitted to International Student and Scholar Services (ISSS) **EVERY TIME** a J-1 Professor/Research Scholar travels abroad. Even though the scholar doesn't need to request a travel signature, submission of this form is required.

While J-1 status is granted to the J-1 Professor/Research Scholar to participate in his/her J Exchange Visitor program at UConn, under certain circumstances the J-1 Professor/Research Scholar may be allowed him/her to be outside the U.S. for an extended period of time without their J-1 status being terminated/cancelled with the condition that s/he will resume the original J-1 program activity upon his/her return to the U.S. However, the scheduled absence must be less than 6 months in duration pursuant to UConn's J-1 out-of-country policy; otherwise the scholar's J-1 status will be terminated/cancelled no matter what the circumstances.

At the discretion of ISSS, UConn may report the scholar's "out-of-country" status to SEVIS (the Student and Exchange Visitor Information System) and the DS-2019 and SEVIS record remain "Active" during the approved time period. The scholar will be able to reenter the U.S. in order to resume his/her academic exchange activities at UConn.

The scholar will only be notified when his/her out-of-country request is not approved. Request processing time at ISSS is approximately 2 weeks. Should you have any questions, please contact an international advisor at ISSS.

### Section A: Out-of-Country Information - to be completed by J-1 visiting scholar

Family Name		First Name	
UConn Department		Position Title	
Program end date on the current DS-2019 (mm/dd/yyyy)			
J-1 Category (See #4 of your DS-2019) <input type="checkbox"/> Professor <input type="checkbox"/> Researcher <input type="checkbox"/> Short-term Scholar <input type="checkbox"/> Specialist			
Proposed Out-of-Country Dates (mm/dd/yyyy): from _____ to _____			
Purpose/Activities planned while outside the US (choose one that applies) <input type="checkbox"/> Personal matter (e.g. vacation, visiting family/friends, etc.) <input type="checkbox"/> Medical treatment in home country <input type="checkbox"/> Professional/Academic matter not related to the visiting scholar's activities with UConn (e.g. attending a conference, meeting with a publisher in home country, etc.) <input type="checkbox"/> Professional/Academic matter to engage in a project for UConn which needs to be conducted abroad (please provide the details below)			
Out-of-Country Residence [Address]			
City	State/Province	Postal Code	Country
Site of Activities (complete this section only if the activity abroad is professional/academic matter)			
[Name & Address]			
City	State/Province	Postal Code	Country
Non-Uconn email address			
Will your dependents accompany you or will they remain in the US? <input type="checkbox"/> Accompany me <input type="checkbox"/> Remain in the US			

**Attestation of Compliance by J-1 Visiting Scholar**

I understand that as a J-1 Exchange Visitor I must continue to maintain my status and comply with the regulations of the J Exchange Visitor program. I understand that I must:

1. Maintain a non-UConn email address and communication with ISSS.
2. Report any changes in my address, plans, or status to ISSS.
3. Maintain and provide verification of legally required health and medical evacuation and repatriation insurance to ISSS. I must maintain this coverage for my dependents and myself even while I am not in the U.S.
4. Report to ISSS any changes in: purpose, activities, or dates as indicated in this request form.
5. Will resume my original J-1 program activity upon my return the U.S.

If I fail to maintain status, my SEVIS record and DS-2019 may be inactivated, compromising my ability to participate in the J Exchange Visitor program and return to the U.S.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

J-1 Visiting Scholar's Name

**Section B: Sponsoring Department Authorization - to be completed by sponsoring department**

During this absence the above visiting scholar/employee will: (check all that apply)

- Be on approved vacation/personal/sick days
- Be on approved leave of absence with pay
- Be on approved leave of absence without pay
- Be terminated (or UConn's sponsorship ended) effective \_\_\_\_\_ (mmddyyyy)
- Be accepted upon return to the US into the same position/department
- Be accepted into a different position/department (provide details on separate page)
- Be eligible for benefits (e.g. health insurance)
- Have a UConn email address
- Other (please specify): \_\_\_\_\_

Are there any restrictions or conditions that would keep the visiting scholar/employee from returning to their current position (example: funding)?  Yes (specify): \_\_\_\_\_  No

**DEPARTMENT STATEMENT OF RESPONSIBILITY AS SPONSOR OF EXCHANGE VISITOR**

1. As sponsor of the visiting scholar, I accept responsibility for the accuracy of all information contained in this form (both pages).
2. I support the exchange visitor's request to be "out-of-country" for the purpose and dates indicated on this request form.
3. I certify that the exchange visitor will resume his/her original J-1 program activity upon his/her return to the U.S.
4. I will notify ISSS if there is any change in the proposed plan or dates.
5. I will notify ISSS if there is a cancellation of plans for the visiting scholar to return to UConn.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_  
(type or print)

**ISSS Use Only**

- Out-of-Country is approved and reported to SEVIS
- Out-of-Country reporting is not needed
- Out-of-Country is not approved

RO/ARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

RO/ARO Name: \_\_\_\_\_