

Part I. Exchange Visitor's (EV) Personal Information		
1. Exchange Visitor's Name (Last)	First:	Middle:
2. Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	3. Date of Birth:	4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
5. SEVIS ID #:	6. Dawg #:	7. Email:
8. U.S. Address:		
9. Depart Date:	10. Return Date:	11. Country going:
12. DS-2019 Start Date:	13. DS-2019 End Date:	
Part II. Overseas Contact Information during the Absence		
14. Address overseas during the absence:		
15. Email Address:	16. Phone:	
Part III. Purpose of Absence outside the U.S.		
17. <input type="checkbox"/> Non-program related	<ul style="list-style-type: none"> • Please attach a copy of your plane tickets. • The absence from the U.S. cannot be more than 30 days. If the absence is 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 CIE. 	
18. <input type="checkbox"/> J-1 Program related	<ul style="list-style-type: none"> • Please attach a copy of your plane tickets. • 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. • Please attach an official memo from your SIU supervisor/department chair stating: <ul style="list-style-type: none"> ○ Nature of the visit outside the U.S. ○ How it relates to the exchange visitor's (EV) original program objectives. ○ Length of the visit outside the U.S. ○ Site address where the EV will conduct his/her EV program objectives during the visit; and ○ Attestation that the sponsoring department/unit 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		
<input type="checkbox"/> Yes <input type="checkbox"/> No	I will inform the CIE and my department/unit 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 SIU.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I will inform CIE of my address and/or name change within 10 days from moving/name change.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I will inform CIE and my department/unit if my return date changes.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	I will inform CIE if my J-2 dependent(s) will remain in the U.S. during my absence.	
Part V. Signatures		
19. EV's Signature:		Date:
20. Supervisor's Name:	Signature:	Date: