



# J-1 Exchange Visitor Scholar - Out of Country Form

(Submitted to ISS by J-1 Coordinator)

SEVIS 5.8, released on April 18, 2008, introduced an Out of Country functionality that allows RO/AROs to indicate that the professor or research scholar is participating in his or her exchange program for a particular period of time outside the United States. The record remains in Active SEVIS status during that period. Use of the Out of Country functionality is at the discretion of the program sponsor. Department of State will expect a program sponsor to be able to articulate the programmatic reasons for keeping a record in Active status, if the participant is outside the United States. This includes ensuring EV is engaged in program activity and maintains health insurance. When the EV is approved for O of C, the accompanying dependents are not allowed to stay in the U.S.

## TO BE COMPLETED BY THE EXCHANGE VISITOR SCHOLAR:

Name: \_\_\_\_\_ AU ID#: \_\_\_\_\_

E-mail: \_\_\_\_\_ EV Category: \_\_\_\_\_ Appointment Dates: \_\_\_\_\_

School: \_\_\_\_\_ Department: \_\_\_\_\_ Accompanied by J-2 Dependents:  Yes  No

*(please note that J-2 dependents may not stay in US while J-1 EV is approved for Out of Country)*

Will maintain U.S. health insurance while abroad:  Yes  No Has obtained ISSS DS-2019 Travel Signature:  Yes  No

Has Valid J1 Visa to Return:  Yes  No Has Valid Passport to Return:  Yes  No

## Travel and Site of Activity Abroad Information

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Name of Site (Institution, Center, etc): \_\_\_\_\_

Contact person and phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of EV: \_\_\_\_\_ Date: \_\_\_\_\_

***Please notify ISSS if any of this information changes so your immigration record can be updated.***

**TO BE COMPLETED BY AU HOST FACULTY:** Please describe the O of C Activity and its relation to the EV's primary exchange objective at AU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Name of AU Host Faculty*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Name of J1 Coordinator*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Phone*

## TO BE COMPLETED BY ISSS:

Received by (Name of RO/ARO) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Processed by (Name of RO/ARO) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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