

J-1 EXCHANGE VISITOR OUT OF COUNTRY REQUEST

OUT-OF-COUNTRY STATUS REQUIRES A J-1 EXCHANGE VISITOR TO MAINTAIN STATUS AS HE/SHE WOULD WHILE PRESENT IN THE U.S.

THE U.S. DEPARTMENT OF STATE (DOS) CONSIDERS TIME SPENT BY AN EXCHANGE VISITOR (EV) CONDUCTING ACTIVITIES OUTSIDE THE U.S. TO BE PART OF THE EV'S PROGRAM SPONSORED BY COLORADO STATE UNIVERSITY.

TO BE ELIGIBLE FOR OUT-OF-COUNTRY STATUS, THE EXCHANGE VISITOR MUST CONTINUE TO CONDUCT RESEARCH IN SUPPORT OF HIS/HER SPONSORED PROGRAM, MAINTAIN J-1 REQUIREMENTS FOR HEALTH INSURANCE AND CHECK IN WITH THE INTERNATIONAL STUDENT AND SCHOLAR SERVICES UPON RETURN TO THE U.S.

IF AN EV NEEDS TO EXTEND HIS/HER OUT OF COUNTRY END DATE, PLEASE SUBMIT AN UPDATED OUT OF COUNTRY REQUEST FORM TO ISSS **AT LEAST 7 DAYS PRIOR TO THE OUT OF COUNTRY END DATE.**
ISSS CANNOT EXTEND AN OUT OF COUNTRY END DATE IN SEVIS IF THE END DATE HAS ALREADY PASSED.

J-1 EXCHANGE VISITOR: _____
PRINT/TYPE FULL NAME

OUT OF COUNTRY START DATE: _____ END DATE: _____
MM/DD/YYYY MM/DD/YYYY

OUT OF COUNTRY LOCATION (NAME OF INSTITUTION): _____

OUT OF COUNTRY LOCATION ADDRESS: _____

CITY/TOWN: _____

COUNTRY: _____ POSTAL CODE: _____

E-MAIL: _____

22 C.F.R. § [62.10\(E\)\(3\)](#) REQUIRES THE EXCHANGE VISITOR TO KEEP THE SPONSOR APPRISED OF HIS OR HER ADDRESS, AND CONTACT INFORMATION AND TO MAINTAIN SUCH INFORMATION WHILE ABROAD.

IF THE EV WILL BE CONDUCTING J-1 PROGRAM ACTIVITIES AT MORE THAN ONE LOCATION, INCLUDE THE NAME(S) AND ADDRESS(ES) OF THE ADDITIONAL LOCATION(S).

PURPOSE/REASON FOR OUT OF COUNTRY REQUEST:

WE CERTIFY THAT:

- THE EV WILL BE CONDUCTING CSU J-1 PROGRAM ACTIVITIES WHILE HE/SHE IS OUTSIDE THE UNITED STATES AND ACKNOWLEDGE THAT HE/SHE WILL REMAIN IN "SEVIS-ACTIVE" PROGRAM STATUS DURING THIS PERIOD.
- THE EV THE EXCHANGE KEEP THE INTERNATIONAL STUDENT AND SCHOLARS SERVICES APPRISED OF HIS OR HER ADDRESS, AND CONTACT INFORMATION AND WILL MAINTAIN SUCH INFORMATION WHILE ABROAD.
- THE EV AND J-2 DEPENDENTS (IF ANY) WILL CONTINUE TO MAINTAIN HEALTH INSURANCE THAT MEETS THE EXCHANGE VISITOR PROGRAM REQUIREMENTS WHILE HE/SHE/THEY IS/ARE OUTSIDE THE U.S.

HIS/HER/THEIR HEALTH INSURANCE EXPIRES ON (MM/DD/YYYY) _____.

THE DEPARTMENT OF STATE REQUIRES EXCHANGE VISITORS AND THEIR J-2 DEPENDENTS TO MAINTAIN ADEQUATE HEALTH INSURANCE COVERAGE FOR THE DURATION OF THE EV'S PROGRAM. THIS INCLUDES PERIODS SPENT OUTSIDE THE U.S. IN "ACTIVE" PROGRAM STATUS.
(22 CFR 62.14, 22 CFR 62.40(A)(4))

UC DENVER DEPT.PI/FACULTY SPONSOR (PRINT NAME)

SIGNATURE

DATE

EXCHANGE VISITOR (PRINT NAME)

SIGNATURE

DATE

