



## J-1 Continuing Program Out of Country

If you will be outside of the US for more than 30 days but less than one year and you will continue pursuing your original J-1 program objective while you are gone you must do the following before you depart:

- 1) Read the instructions for J-1 International Scholar Continuing Program Out of the Country at <http://internationalcenter.umich.edu/scholars/j1-scholars/continue>.
- 2) Submit this form along with the required department letter via email attachment to [icenter@umich.edu](mailto:icenter@umich.edu) for International Center approval.

LAST NAME	FIRST NAME	MIDDLE NAME	UMID #
DATE OF BIRTH (mm/dd/yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	SEVIS ID NUMBER	UNIQUENAME

\*Out of Country Start Date: \_\_\_\_\_ \*Out of Country End Date: \_\_\_\_\_  
 End date must precede your J-1 program end date.

\*Out of Country Location Name: \_\_\_\_\_

\*Out of Country Address Line 1: \_\_\_\_\_

Out of Country Address Line 2: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Country: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Required fields

### REMINDERS:

- Department letter must be on department letterhead.
- You must maintain health insurance at all times, even while outside the U.S.
- Your J-2 dependents should be out of the U.S. while you are outside the U.S.
- If your return date changes, notify the International Center immediately by submitting a revised J-1 Continuing Program Out of Country form and department letter to [icenter@umich.edu](mailto:icenter@umich.edu).
- If you decide to end your J-1 program early, please submit the [J-1 Early Departure](#) form with department signatures to [icenter@umich.edu](mailto:icenter@umich.edu).

Keep your DS-2019(s) in a safe place! The International Center does not permanently retain all copies of your documents. If you wish to return to the U.S. in the future, you may need to provide copies of your DS-2019(s). Never throw away these crucial documents.

Exchange Visitor Signature _____	Date _____
Department Name _____	
Department Administrator Name _____	Date _____
Department Administrator Signature _____	Uniquename _____