

Out of Country Request Form

University of Hawaii Faculty & Scholar Immigration Services
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The U.S. Department of State (DOS) considers time spent by an exchange visitor (EV) conducting J-1 Exchange Visitor Program activities outside the U.S. to be part of the EV's program sponsored by the University of Hawaii. This form should be submitted by J-1 professors and research scholars who will conduct UH J-1 program activities outside the U.S. for more than 30 days and wish to keep their SEVIS records in active status.

If an EV needs to extend his/her out of country end date, please submit an updated Out of Country Request Form to FSIS **at least 5 DAYS PRIOR TO** the out of country end date. FSIS cannot extend an out of country end date in SEVIS if the end date has already passed.

J-1's full name: _____

Out of country start date (mm/dd/yyyy): _____ End date (mm/dd/yyyy): _____

Out of country location (name of institution): _____

Out of country location address: _____

City/town: _____ Province/territory: _____

Country: _____ Postal code: _____

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) on the back of this form.

Reason for out of country request:

We certify that:

- The EV will be conducting UH 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 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) _____. We understand that DOS requires EVs and J-2 dependents to maintain adequate health insurance coverage for the duration of the EV's program, which includes periods spent outside the U.S. in "active" program status. (22 CFR 62.14, 22 CFR 62.40(a)(4))

_____ UH Dept. PI/Faculty Sponsor's name	_____ Signature	_____ Date
_____ J-1 exchange visitor's name	_____ Signature	_____ Date