



# WESTERN MICHIGAN UNIVERSITY

## NOTICE OF ABSENCE FROM THE UNITED STATES

For use by J-1 professors and research scholar only (also must see immigration officer for counseling)

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**PERSONAL INFORMATION:**

Full Legal Name: \_\_\_\_\_  
Last/Family Name First/Given Name Middle Name

Date of Birth: \_\_\_\_\_  Male  Female  Dr.  Mr.  Ms.  Mrs.  
Month/Day/Year

Address overseas during the absence: \_\_\_\_\_  
Street City Country Zip Code

Phone: \_\_\_\_\_ Phone # during the absence: \_\_\_\_\_

E-mail: \_\_\_\_\_ WIN: \_\_\_\_\_ SEVIS ID: \_\_\_\_\_

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**PURPOSE OF ABSENCE OUTSIDE THE U.S.:**

**Non-program related** Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

1. Please attach a **copy of your plane tickets**.
2. The absence from the U.S. cannot be more than 30 days. If more than 30 days, your SEVIS record will be terminated; and the Department of State and the Department of Homeland Security will be notified. *For more information, please contact International Student and Scholar Services (I3S).*

**J-1 Program-Related** Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

1. Please attach a **copy of your plane tickets**.
2. The absence from the U.S. for a program-related reason cannot be more than six months. If more than six months, your SEVIS record will be terminated and the Department of State and the Department of Homeland Security will be notified.
3. Please attach an **official memo from your WMU department chair** stating:
  - Nature of the visit outside the U.S.
  - How it relates to the EV's original program objectives
  - Length of the visit outside the U.S.
  - Address of where the EV will conduct his/her EV program objectives during the visit
  - Attestation that the sponsoring department 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.

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**ATTESTATIONS:**

Yes  No I will inform International Student and Scholar Services (I3S) and my department if my schedule changes.

Yes  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 WMU.

Yes  No  N/A I will inform I3S if my J-2 dependent(s) will remain in the U.S. during my absence.

Yes  No I will inform I3S of my address and/or name change within 10 days from moving/name change.

Yes  No I will inform I3S and my department if my flight schedule changes.

**J-1 Professor/Research Scholar Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR I3S USE ONLY**

Date of Receipt: \_\_\_\_\_ By: \_\_\_\_\_ Date of Record/Database Update: \_\_\_\_\_ By: \_\_\_\_\_

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**INTERNATIONAL STUDENT AND SCHOLAR SERVICES (I3S)**  
**WESTERN MICHIGAN UNIVERSITY**  
**3110 FAUNCE STUDENT SERVICE ♦ KALAMAZOO, MICHIGAN 49008-5246**  
**(269) 387-5865 ♦ FAX (269) 387-5899**