

<b>Part I. J-1 Exchange Visitor's Personal Information</b>		
1. Family Name:	2. First Name:	3. Middle Name:
4. Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Date of Birth:
7. KID No.:	8. SEVIS ID No.:	9. Email:
10. Address in U.S.:		
11. Departure Date:	12. Return Date:	13. Country Going:
14. Form DS-2019 Start Date:		15. Form DS-2019 End Date:
<b>Part II. Overseas Contact Information during the Absence</b>		
16. Address overseas during the absence:		
17. Email Address:		18. Phone:
<b>Part III. Purpose of Absence outside the U.S.</b>		
19. <input type="checkbox"/> Non-Program Related.		
<p>a. Please attach a <b>copy of your plane tickets</b>. If you are traveling within the US for an extended period of time, please submit a copy of your itinerary.</p> <p>b. 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 Homeland Security will be notified. <i>For more information, please contact OISSS.</i></p>		
20. <input type="checkbox"/> J-1 Program-Related.		
<p>a. Please attach a <b>copy of your plane tickets</b>. If you are traveling within the US for an extended period of time, please submit a copy of your itinerary,</p> <p>b. The absence from the U.S. for a program-related reason cannot be more than five months. If more than five months, your SEVIS record will be terminated and the Department of State and Homeland Security will be notified.</p> <p>c. Please attach an <b>official memo from your TAMUK supervisor/department chair</b> stating:</p> <ol style="list-style-type: none"> <li>1) Nature of the visit outside the U.S.;</li> <li>2) How it relates to the exchange visitor's (EV) original program objectives;</li> <li>3) Length of the visit outside the U.S.;</li> <li>4) Site address where the EV will conduct his/her EV program objectives during the visit; and</li> </ol> <p>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) for the entirety of their absence.</p>		
<b>Part IV. Attestations</b>		
21. <input type="checkbox"/> Yes <input type="checkbox"/> No. I will inform the OISSS and my department if my flight schedule changes		
22. <input type="checkbox"/> Yes <input type="checkbox"/> 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 TAMUK		
23. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A. I will inform OISSS if my J-2 dependent(s) will remain in the U.S. during my absence.		
24. <input type="checkbox"/> Yes <input type="checkbox"/> No. I will inform OISSS of my address and/or name change within 10 days from moving/name change		
25. <input type="checkbox"/> Yes <input type="checkbox"/> No. I will inform OISSS and my department if my return date changes.		
<b>Part V. Signature</b>		
26. Exchange Visitor's Signature:		27. Date:
28. Supervisor's Name:	29. Signature:	30. Date: