



J-1 Visiting Scholar Notice of Departure

Family Na	me:	First Name, Middle Name:		
Grizzly #:	G00	SEVIS ID (on DS2019): N00		
OU Email	Address:	Alternate Email Address:		
	ins: ing with no immediate plans to retuin current program is finished and you			
	If you are in the <u>Research Scholar</u> or <u>Professor</u> category, you will not be able to begin a new program in the <u>Research Scholar</u> or <u>Professor</u> category for the next two years.			
Da	te of departure from OU:	Date of departure from the U.S.:		
Departing the U.S. for one year or less (i.e. your current program is ongoing and your SEVIS record will remain active)				
Da	te of departure from U.S.:	Date of return to U.S.:		
dep	<u>IMPORTANT</u> : If you choose this option, this form must be accompanied by a letter fromyour OU department (on department letterhead) confirming the continuation of your programand your expected return. You must maintain health insurance at all times, even while outsidethis office.			
If y	your return date changes, notify the I	SSO immediately via email (isso@oakland.edu)		
Transfe	erring J-1 visa status to another U.	S. institution		
If y	you choose this option, this form mus	st be accompanied by the OU "Transfer Out" form.		
Yo	ou MUST consult with your faculty s	ponsor prior to transferring.		
Changi	ng visa status			
I a	m applying/have applied for	visa status.		
Da	te of application:	OR Date of approval:		
Re	minder: Scholars with an active 212e	e are not eligible for a change in visa status.		
Signature:		Date:		
~ 15.1		<i>Duc.</i>		