



This form can be submitted via email attachment sent to icenter@umich.edu.

Submit this document if you are completing your J-1 Scholar program and leaving the US earlier than the end date on your current DS-2019. By signing below, you authorize the International Center to end your J-1 scholar program, your J-1 status, and your SEVIS record.

LAST NAME:		FIRST NAME:	MIDDLE NAME:	UMID #:
DOB: (mm/dd/yyyy)	GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	J-2 DEPENDENTS (spouse or child) <input type="checkbox"/> YES If yes, how many? # _____ <input type="checkbox"/> NO		UNIQUENAME:

Please read the following important information before you submit this document:

- Upon completion of your program, a 30-day grace period begins and the following limitations apply:
 - ◆ You are not permitted to work paid or unpaid.
 - ◆ You will not be covered by U-M health insurance.
 - ◆ You cannot travel outside the US and re-enter as a J-1.
- If you plan to continue your J-1 program activities while outside the US for more than 30 days but less than one year, do NOT submit this form. Please see the following webpage: <http://internationalcenter.umich.edu/scholars/j1-scholars/continue>
- If you are in the Research Scholar or Professor category, you will not be able to begin a new program in the Research Scholar or Professor category for the next two years. Please see the following webpage: <http://internationalcenter.umich.edu/scholars/j1-scholars/12-and-24-bars>
- Your J-2 dependents must depart the US with you.

*Final date at U-M Department: _____ Date of departure from the U.S: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Reason for early departure: Medical Emergency/Scholar Medical Emergency/Family Member
 Program Objectives Completed Early Withdrawal from Program

**Upon timely receipt of this form, this date will become your new J-1 program end date.*

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 _____
Department Administrator Name _____ Date _____
Department Administrator Signature _____ Uniquename _____