

LEAVE OF ABSENCE AUTHORIZATION REQUEST FORM

DIRECTIONS: This form MUST be signed by you and your faculty sponsor. Submit this request form to the International Faculty & Scholar Office (IFSO) prior to your departure. Please allow 10 business days for processing.

SECTION 1: SCHOLAR INFORMATION

1. Passport Surname:	2. Passport First Name:	3. Today's Date:
4. SEVIS ID Number:		5. E-mail Address:
6. Leave of Absence Dates Month/Day/Year—6 month maximum) From:		To:
7. Site of Activity	Location Name (foreign address where you will be during this leave):	
Location Address 1:		Location Address 2:
City:	Province/Territory:	
Country:	Postal Code:	

SECTION 2: HEALTH INSURANCE REQUIREMENT: (Select One)

- I have health insurance coverage through my UC San Diego sponsoring department (i.e. Garnett Powers & Assoc. for postdocs, Health Net, Kaiser, etc.)
- I am covered by my home country health insurance plan during my stay in the U.S.
- I have purchased a health insurance plan through _____
Name of insurance company
- Other: _____
- I understand that DOS requires me and all of my J-2 dependent family members to have the following minimum health insurance coverage throughout my stay:
 - Medical benefits of at least \$100,000 per accident or illness
 - Repatriation of remains in the amount of \$25,000
 - Medical evacuation expenses in the amount of \$50,000
 - Deductible not to exceed \$500 per accident or illness
 - I understand that government regulations require the university to notify DOS to and terminate my J-1 status if they determine that I or my family members willfully fail to comply with the health insurance requirements.
 - I have been informed about the health insurance requirements, the cost involved, and the need to maintain the insurance for myself and all family members throughout my stay at UC San Diego.

SECTION 3: CERTIFICATION BY FACULTY SPONSOR

This is a confirmation of the agreement to keep the above named J-1 scholar's record in the Student and Exchange Visitor Information System (SEVIS), a U.S. government database, in "ACTIVE" status during his/her leave of absence. The J-1 scholar will continue to engage in on-going collaborative research activities related to their current program at UC San Diego while outside the U.S. IFSO must be informed by the end date stated whether or not the scholar will return to the U.S. Otherwise, the SEVIS record will automatically terminate on that end date.

_____	_____	_____
UC San Diego Faculty Sponsor Name	UC San Diego Faculty Sponsor Signature	Date
_____	_____	_____
UC San Diego Department Contact Name	UC San Diego Department Contact Signature	Date
_____	_____	_____
Signature of J-1 Scholar	Date	