J-1 VISITING SCHOLAR NOTICE OF DEPARTURE

Last Name: ________________________________  First Name: __________________

SEVIS ID: ___________  Phone No: ___________  Email: ________________

FUTURE PLANS:

____  Departing with no immediate plans to return

*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.*

Date of departure from Ramapo College: ______________

Date of departure from the US: ______________

____  Departing the US for one year or less

Date of departure from the US: ______________  Date of return to the US: ______________

**IMPORTANT:** If you decide to return to the US please submit this form along with a letter from your department confirming the continuation of your program and the date of your expected return.

*If you are transferring to another institution or decide to change your visa status you must contact International Students and Scholars Office before doing so.*

Signature: ________________________________  Date: ________________