



ATTESTATION OF COMPLIANCE BY J-1 EXCHANGE VISITOR

I understand that as a J-1 Exchange Visitor, I must continue to maintain my status and comply with the regulations of the J-1 Exchange Visitor program. I understand that I must:

1. Maintain a non-MUSC email address and communication with CGH.
2. Report any changes in my address, plans or status to CGH.
3. Maintain and provide verification of legally required health insurance and medical evacuation and repatriation insurance to CGH. I must maintain this coverage for my dependents and myself even while I am not in the US.
4. Report to CGH any changes in purpose, activities, or dates as indicated in this request form.
5. Resume my original J-1 program activity upon my return to the US.

If I fail to maintain status, my SEVIS record and DS-2019 may be inactivated, compromising my ability to participate in the J-1 Exchange Visitor program and return to the U.S.

J-1 Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section B: Sponsoring Department Authorization**

*Completed by supervisor in sponsoring MUSC department*

This Exchange Visitor is  paid  not paid through MUSC.

DEPARTMENT STATEMENT OF RESPONSIBILITY AS SPONSOR OF EXCHANGE VISITOR

1. As sponsor of the J-1 Exchange Visitor, I accept responsibility for the accuracy of all information contained in this form (all pages).
2. I support the Exchange Visitor’s request to be out of country for the purpose and dates indicated on this request form.
3. I certify that the Exchange Visitor will continue to receive funding from MUSC (if currently being funded by MUSC, as noted on the current DS-2019) during the Exchange Visitor’s absence.
4. I certify that the Exchange Visitor will continue to be eligible for MUSC benefits, if currently being provided by MUSC, during the Exchange Visitor’s absence.
5. I certify that the Exchange Visitor will resume his/her original J-1 program activity upon his/her return to the U.S.
6. I will notify CGH if there is any change in the proposed plan or dates, or if there is a cancellation of plans for the Exchange Visitor to return to MUSC.
7. I approve the Exchange Visitor’s proposed out of country travel.

Supervisor Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_