

FACULTY HOST ATTESTATION TO RECOMMEND OUT OF COUNTRY AUTHORIZATION

As required by the U.S. Department of State, I attest:

I am the exchange visitor's faculty host.

The exchange visitor has been making satisfactory progress on their J program objectives.

I understand the exchange visitor is required to maintain continuity of their J program activities, maintain health insurance coverage, and communicate any changes to the faculty host and HR administrator.

Please describe why the J program must remain active while the exchange visitor is outside the U.S.

Please describe the methods that will be used to maintain ongoing contact with the exchange visitor, and who the faculty host plans to monitor the continued progress towards their research objectives during the period they will be abroad.

Exchange Visitor's Full Name:

Faculty Host Name:

Faculty Host Signature:

Date Signed: