INTERNATIONAL PROGRAMS
COLORADO STATE UNIVERSITY

1024 Campus Delivery Fort Collins, CO 80523-1024 USA • (970) 491-5917 • international.colostate.edu

STUDENT OUT OF COUNTRY REQUEST FORM

To be eligible for Out-of-Country status, the student must be participating in a CSU approved Study Abroad program or be a graduate or doctoral student conducting research abroad as part of their U.S. academic program. If an ISSS advisor approves you for Out-of-Country status, your SEVIS record will remain in "ACTIVE" status and you will be allowed to reenter the U.S. If you are an F-1 student, a new I-20 will be issued to you with remarks stating your approval to be out of the country.

If you will not be maintaining a U.S. address in your absence, please update your RAMweb account with the Office of International Programs address: 1024 Campus Delivery, Fort Collins, CO 80523-1024.

If you will not be enrolled in a full course of study during your time out of the U.S., please submit a Reduced Credit Load/Full-Time Equivalency Form with your Out of Country Request Form.

Student's Name: _____ **CSU ID Number:** _____

Email Address: _____ **Phone Number:** _____

Visa Type: ☐ **F-1** ☐ **J-1** **Out of Country Start Date:** _____ **End Date:** _____

Out of Country Address: _____

_____

City/Town Province/Territory Country Postal Code

CSU Health Insurance: (check if applicable)

☐ I do not wish to enroll in CSU student health insurance plan during the time I am outside of the United States. Please waive my coverage.

☐ I wish to enroll in CSU student health insurance plan during the time I am outside the United States. Do not waive my coverage.

Note: J-1 students must be enrolled in the student health insurance plan as long as their J-1 record is active, unless they show proof of enrollment in a different health insurance plan that meets the J-1 requirements.

I certify that (please check all):

☐ I understand my SEVIS record will be kept "SEVIS-Active" while I am outside the U.S.;

☐ I will keep ISSS informed of my address and contact information by updating RAMweb within 10 days of any changes to my mailing address or email address while I am outside the U.S.;

☐ I will check in with ISSS upon my return to the U.S.; and

☐ I will submit a new Out of Country Request Form before the start of the next semester for each semester I will be out of the U.S.

Student's Signature: _____ **Date:** _____

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STUDENT OUT OF COUNTRY REQUEST FORM: ACADEMIC ADVISOR OR EDUCATION ABROAD ADVISOR RECOMMENDATION

To Be Completed by Student's Academic Advisor or Education Abroad Advisor

1. **Graduate/Doctoral Research Abroad**

   The student will be conducting authorized graduate/doctoral research and will be registered for either Continuous Registration or at least 1 credit hour to maintain his/her student status while he/she is outside the United States.

   Academic Advisor Name: _____ **Department:** _____

   Signature: _____ **Date:** _____

2. **CSU Study Abroad Participant**

   The student will be participating in a CSU approved Study Abroad program. I certify the program start and end date listed on page 1 of this form are accurate.

   Education Abroad Advisor Name: _____

   Signature: _____ **Date:** _____

International Student Advisor Approval:

Signature: _____ **Date:** _____

You will be contacted by email when your out of country request has been approved.

Please allow 1 business week for processing.