

U.S. immigration regulations and institutional policies require that you provide the Office of International Affairs (OIA) with the information below prior to your departure. If you are in the U.S. on a non-immigrant visa, it will be necessary for you to discuss your termination date with your International Visitor Advisor (IVA) to insure that you are in compliance with federal immigration regulations governing your visa.

Section I: Visitor Information

LAST/FAMILY NAME _____ First/Given Name _____ Middle _____

_____ Gender: Male Female
Date of Birth (MM/DD/YYYY) _____

School/Institution: School of Dentistry School of Biomedical Informatics
 Graduate School of Biomedical Sciences School of Nursing
 Medical School School of Public Health
 Institute of Molecular Medicine Harris County Psychiatric Center
 Texas Heart Institute Health Science Center General

Current Department of Homeland Security (DHS) Classification:

F-1 F-2 J-1 J-2 H-1B H-4 B-1
 B-2 Permanent Resident Other, please indicate: _____

If current DHS classification is J-1 or J-2, do you plan to return to the U.S. within the next two years on J visa status? Yes No
If yes, please contact your IVA prior to your departure from the U.S. in order to discuss your future plans.

Section II: Appointment Information

Termination Date (Last official day with School/Institution): _____

Last Position Held at UTHealth (e.g. Student, Postdoctoral Fellow, Observer, etc.): _____

Will you be departing the U.S.? Yes No

- If yes, please provide your date of departure: _____
Departure from U.S. (MM/DD/YYYY)

Section III: Residence Information



Forwarding Address (in country where you will return or in the U.S. if you will not depart):

Address: Street City State / Province /Country Zip Code

Telephone Number: Home Cell Work

E-mail Address

Permanent Address (where you can always receive mail; leave blank if same as above):

Address: Street City Country Postal Code

Telephone Number: Home Cell Work

Section IV: Dependent Information



Spouse

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)		

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)		
<input type="checkbox"/> Son <input type="checkbox"/> Daughter		

Child

_____ LAST/FAMILY NAME	_____ First/Given Name	_____ Middle
_____ Date of Birth (MM/DD/YYYY)		
<input type="checkbox"/> Son <input type="checkbox"/> Daughter		



Signature: _____ Date: _____