

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:
- |   |   |
|---|---|
| <input type="checkbox"/> School of Dentistry                    | <input type="checkbox"/> School of Biomedical Informatics |
| <input type="checkbox"/> Graduate School of Biomedical Sciences | <input type="checkbox"/> School of Nursing                |
| <input type="checkbox"/> Medical School                         | <input type="checkbox"/> School of Public Health          |
| <input type="checkbox"/> Institute of Molecular Medicine        | <input type="checkbox"/> Harris County Psychiatric Center |
| <input type="checkbox"/> Texas Heart Institute                  | <input type="checkbox"/> 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)

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**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: \_\_\_\_\_