

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"/> Dental Branch | <input type="checkbox"/> School of Health Information Sciences |
| <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 (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):

U.S. Residential Address: Street City State Zip Code

Telephone Number: Home Cell Work Fax

E-mail Address

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

U.S. Residential Address: Street City State Zip Code

Telephone Number: Home Cell Work Fax

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: _____