



Part I

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

Date of Birth (MM/DD/YYYY)

Gender: Male Female

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:

- | | |
|--|------------------------------|
| <input type="checkbox"/> F-1 | <input type="checkbox"/> F-2 |
| <input type="checkbox"/> J-1 | <input type="checkbox"/> J-2 |
| <input type="checkbox"/> H-1B | <input type="checkbox"/> H-4 |
| <input type="checkbox"/> B-1 | <input type="checkbox"/> B-2 |
| <input type="checkbox"/> Permanent Resident | |
| <input type="checkbox"/> 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):

Home or Apartment # and Street

City State/Province Country Postal Code

Telephone Number: Home Cell Work Fax

E-mail Address

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

Home or Apartment # and Street

City State/Province Country Postal Code

Telephone Number: Home Cell Work Fax

E-mail Address

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		

Section V: Departing Alien Clearance (Sailing Permit)

OIA is not legally authorized to advise on U.S. tax laws. Please consult the Internal Revenue Service (IRS) should you have questions regarding the Departing Alien Clearance (Sailing Permit) and/or any other specific tax questions. OIA encourages you to review the websites listed below or to call the IRS directly should you have any tax related questions, to include your potential obligation to secure a sailing permit or departure permit prior to departing the U.S.

IRS website: www.irs.gov

IRS Telephone Assistance for Individuals: 1-800-829-1040

Departing Alien Clearance (Sailing Permit):
<http://www.irs.gov/businesses/small/international/article/0,,id=97256,00.html>

International Taxpayers: <http://www.irs.gov/businesses/small/international/index.html>

Signature: _____ Date: _____

The University of Texas Health Science Center at Houston
Office of International Programs
Information Form

Part II

The Office of International Programs would like to stay in contact with you to send occasional updates on activities at The University of Texas Health Science Center at Houston (UTHSC-H). You are important to us. Be sure to complete this form so we can keep in touch.

Section I: Visitor Information

LAST/FAMILY NAME

First/Given Name

Middle

Date of Birth (MM/DD/YYYY)

Gender: Male Female

Telephone Number: Home

Cell

Work

Fax

E-mail Address

Section II: Home Institution/Hospital/University Information

Please provide the following information on the Institution, Hospital, or University you are currently affiliated with in your home country.

Name of Home Institution/Hospital/University

Web Address of Home Institution/Hospital/University

Current Position/Title in Home Country

Highest Level of Education (M.S., M.P.H., M.D., Ph.D., etc.)

Address of Home Institution/Hospital/University

City

State/Province

Country

Postal Code

Section III: UTHSC-H Information

Please check all components and programs applicable to your education at UTHSC-H:

School/Institution: Dental Branch School of Health Information Sciences
 Graduate School of Biomedical Sciences School of Nursing
 Medical School School of Public Health
 Institute of Molecular Medicine Harris County Psychiatric Center
 Health Science Center General

Appointment: Faculty Fellow Resident Student Visitor/Observer
 Clinical Research Education Administration