

INTERNATIONAL VISITOR DATA FORM

This form is to be completed by the international visitor prior to their scheduled check-in session with OIS. The international visitor must provide copies of relevant immigration documents, including those of any dependents, to the OIS. These copies include any of the following, as applicable: passport, visa stamp, I-94 arrival record, DS-2019, and/or I-20.

Visa Type: B-1 F-1 J-1 J-1 ECFMG
 TN O-1 H-1B Other: _____

Last/Family Name: _____ First/Given Name: _____

Middle Name: _____ Date of Birth (MM/DD/YYYY): _____

Gender: Male Female Marital Status: Single Married

Country of Birth: _____ Country of Citizenship: _____

Country of Legal Permanent Residence: _____

Is your spouse currently in the U.S.? Yes No If yes, please indicate his/her current visa status: _____

Do you have any children in the U.S.? Yes No
 If yes, indicate visa type for each child: _____

Current U.S. Address (Include Apt. #): _____

City: _____ State: _____ Postal Code: _____ Phone: _____

Non-UT Health SA Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Languages Spoken: _____

Phone (include country code): _____ Email: _____

By signing below, I attest that the information provided above is accurate and up to date. I understand that I must update the Office of International Services if any of the information above changes.

International visitor's signature: _____ Date: _____

OIS USE ONLY: Check-in conducted by _____ Date: _____