

INTERNATIONAL VISITOR DEPARTURE FORM

This form is to be completed by the international visitor prior to their departure from UT Health San Antonio.

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

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

Last Day at UT Health San Antonio: _____

Reason for Departure (check all that apply):

- Completion of Program
- Early Withdrawal from Program
- Transfer to a New Institution
- Unsatisfied with Program
- Personal
- Other: _____

Future Contact Information:

Forwarding Address: _____

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

Country: _____

Personal Email: _____

Disclaimer: For those in J-1 or F-1 status, we will be ending your SEVIS record after program completion date provided above. Please ensure the date indicated above is correct.

Please consult with OIS to determine the length of any grace period that applies to your status to prevent accrual of unlawful presence.

After departing UT Health San Antonio, it is important to retain all immigration documents, both physical and electronic copies. OIS is not responsible for providing copies of immigration documents to you in the future.

By signing below, I attest that the information provided is accurate and I understand the departure processes.

International visitor's signature: _____ Date: _____