



The University of Texas
Health Science Center at Houston

Travel Request Form

PERSONAL INFORMATION		
IMMIGRATION STATUS:	If OTHER, PLEASE INDICATE:	TODAY'S DATE [MM/DD/YYYY]:
FAMILY NAME:		GIVEN NAME:
DATE OF BIRTH [MM/DD/YYYY]:		EMPLOYEE/CAMPUS ID (IF APPLICABLE):
U.S. RESIDENTIAL ADDRESS [Street/APT, City, State, Zip Code] :		
TELEPHONE:		PERSONAL EMAIL:

TRAVEL PLANS	
DEPARTURE DATE FROM U.S. [MM/DD/YYYY]:	RETURN DATE TO U.S. [MM/DD/YYYY]:
THE FOLLOWING REQUEST IS FOR: Self ONLY: Self and Dependents: or Dependents ONLY:	
DESTINATION [City and Country]:	
PASSPORT:	PASSPORT EXPIRATION DATE:
WILL YOU (AND/OR DEPENDENTS) BE APPLYING FOR A U.S. VISA STAMP?	
HAVE YOU FILED AN APPLICATION FOR PERMANENT RESIDENCY (GREEN CARD) WITH U.S. GOVERNMENT? YES NO	
IF YES, PLEASE PROVIDE DETAILS:	

WHAT IS THE PURPOSE OF TRAVEL? [SELECT ALL THAT APPLY]
<ul style="list-style-type: none"> Business Travel, Please attach itinerary (Contact, address, and funding source) Personal Travel Medical/Family Emergency Visa Renewal Other <p><i>Note: If you have been recommended for the (J) waiver of the two-year home residency requirement by the U.S. Department of State, you are no longer eligible for any J benefits. Traveling abroad and re-entering the U.S. in J status once you have been granted a waiver of the two-year residency requirement may subject you to the two-year home residency requirement again and/or may be grounds to deny admission to the U.S. in J status.</i></p>

UNIVERSITY RELATED TRAVEL
<p>Hoop Policy 13 – Employee, students, and other trainees planning to travel outside of the United States on university related business or activities must meet additional requirements, including registration with International SOS. Detailed information on international travel can be found on the Auxiliary Enterprises, University Travel Website. See also the Student Travel website for information about international student travel.</p>

DEPENDENT INFORMATION (ATTACH PAPER FOR ADDITIONAL DEPENDENTS)

LAST NAME:	FIRST NAME:	DEPARTURE DATE:	RETURN DATE:
LAST NAME:	FIRST NAME:	DEPARTURE DATE:	RETURN DATE:
LAST NAME:	FIRST NAME:	DEPARTURE DATE:	RETURN DATE:
LAST NAME:	FIRST NAME:	DEPARTURE DATE:	RETURN DATE:

SIGNATURE

I certify that I have read and understand the Office of International Affairs (OIA) Travel Guidance. I fully understand my travel obligations including: providing OIA with legible copies of the new I-94(s), visa stamps (if applicable), and passport immediately upon return to the U.S. I also understand that should I be delayed in returning to the U.S. on the scheduled date that it is my obligation to notify OIA immediately. Further, I also authorize the OIA staff to retrieve the Form I-94 for me and any dependents (if applicable) to ensure that OIA has the latest I-94 record on file.

Signature: _____ Date: _____