

PERSONAL INFORMATION	
IMMIGRATION STATUS (e.g. F-1, J-1, L-2):	TODAY'S DATE:
FAMILY NAME:	GIVEN NAME:
DATE OF BIRTH:	
U.S. RESIDENTIAL ADDRESS [Street/APT, City, State, Zip Code]:	
PERMANENT EMAIL ADDRESS (not UTH):	PERSONAL PHONE NUMBER:

TRAVEL PLANS	
DEPARTURE DATE FROM U.S.:	RETURN DATE TO U.S.:
DESTINATIONS [City and Country]:	
WILL YOU AND/OR YOUR DEPENDENTS BE APPLYING FOR A U.S. VISA STAMP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU FILED AN APPLICATION FOR PERMANENT RESIDENCY (GREEN CARD) WITH U.S. GOVERNMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, PLEASE PROVIDE DETAILS:	

WHAT IS THE PURPOSE OF TRAVEL? (SELECT ALL THAT APPLY)
<input type="checkbox"/> BUSINESS TRAVEL <input type="checkbox"/> PERSONAL TRAVEL <input type="checkbox"/> MEDICAL/FAMILY EMERGENCY <input type="checkbox"/> OTHER _____
<p>If you have been recommended for the waiver of the two-year home residency requirement by the U.S. Department of State, traveling abroad and re-entering the U.S. in J status 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.</p>

UTHEALTH HOUSTON TRAVEL GUIDELINES AND RESTRICTIONS
<p><b>HOOP Policy 13</b> – 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 <a href="#">On Call International</a>. Detailed information on international travel can be found on the Auxiliary Enterprises, University Travel <a href="#">Website</a>.</p> <p><a href="#">Travel Exemption Application</a>- UTHealth Houston faculty, staff, and students traveling to a restricted country on university-related business and/or university-sponsored programs (with or without university funding) must <a href="#">apply for exemption</a> from travel restrictions with the Office of Senior Vice President, Academic and Faculty affairs. Please email <a href="mailto:travel-exemption@uth.tmc.edu">travel-exemption@uth.tmc.edu</a> or call 713-500-3422 if you have any questions regarding the Travel Exemption Application.</p> <p><b>Please note that this is a UTHealth Houston institutional policy not an OIA policy.</b></p>

**DEPENDENT TRAVEL INFORMATION**

WILL YOUR DEPENDENTS BE TRAVELING ABROAD WITH YOU?     Yes     No     N/A, no dependents

If YES, complete the dependent information below.

If NO or N/A, please move to the Signature and Attestation section

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 AND ATTESTATION**

I certify that I have read and understand the Office of International Affairs (OIA) [Travel Guidance](#). I confirm that I have followed all UTHealth Houston guidelines and requirements for international travel, including [travel restrictions and exemptions](#). 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:**