ISSO-CUMC

TERMINATION FORM FOR: J-1, H-IB, O-1, TN or E-3

Form **MUST** be submitted to ISSO-CUMC within 5 days of termination of scholar/employee (to meet USCIS mandatory reporting requirements)

Name:				
	(Last name)		(Middle name)	
	Pleas	e check one: J-1, H	[-IB, O-1, TN, or	E-3
C.U. Title	e:			
Termination	_			
	,	.e. funding, transfer ne country, etc. Ple	to another institution, ase be specific.)	family or medical
————If departin				
Name of pers	son preparing this form	n:	Tel. number:	
Signature:			Date:	