

**INTERNATIONAL AFFAIRS OFFICE  
TERMINATION FORM  
FOR: J-1, H-IB, O-1 or TN**

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

Name: \_\_\_\_\_  
(Last name) (First name) (Middle name)

**Please check one: J-1\_\_, H-IB\_\_, O-1\_\_ or TN\_\_**

C.U. Title: \_\_\_\_\_

Department: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Reason for Termination: (i.e. funding, transfer to another institution,  
family or medical emergency, returned to home country, etc. Please be  
specific.)

\_\_\_\_\_  
\_\_\_\_\_

Name of person preparing this form: \_\_\_\_\_ Tel.  
number: \_\_\_\_\_

Date: \_\_\_\_\_