



8. Name of UT Faculty Member Inviting: \_\_\_\_\_  
Address: \_\_\_\_\_ Component: \_\_\_\_\_  
Department UTH, MDA, THI

9. Will you be accompanied by family who will need J-2 status?  Yes  No If **yes**, complete the Dependent Biodata Information Request for Form IAP-66, Certificate of Eligibility for Exchange Visitor Status.

International Visitor's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**RETURN COPY AND SIGNED FORM TO:**

**Office of International Affairs**

**P.O. Box 20036**

**Houston, Texas 77225**

Phone: (713) 792-4776 x 1041

Fax: (713) 794-4680

E-mail: [rvalenci@admin4.hsc.uth.tmc.edu](mailto:rvalenci@admin4.hsc.uth.tmc.edu)