

Office of International Student,
Faculty, and Staff Services

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www.hopkinsmedicine.org/intlsvcs

To: Shanel Watty or Jamie L. Haines From: _____

Fax: 5-0871 Pages: 1 including cover sheet

Phone: 5-3371 Date: _____

Re: _____

The following international has terminated their activity at JHMI. Please update your records accordingly.

LAST NAME: _____ FIRST NAME: _____ MI: _____

DATE OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

SOCIAL SECURITY NUMBER OR ITIN: _____

VISA STATUS: _____

Has the International accepted another position within JHMI? Yes No

IF YES, PLEASE DO NOT SUBMIT THIS FORM. CONTACT THE OIS IMMEDIATELY ABOUT TRANSFERRING YOUR H1B1 TO YOUR NEW DEPARTMENT.

LAST DAY OF EMPLOYMENT: _____

COMMENTS:

Forwarding Address:

