



Republic of Botswana

### DEPARTURE FORM

Please fill this form completely and return to the Education Attache

**Name:** Mr./Ms/Mrs. -----  
Last Name First Name

**Residential Address:** -----  
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City State Zip

**Telephone:** -----

**Name of Institution:** -----

**Degree:** ----- **Program Title:** -----

**Date of Last Final Examination:** -----

**Date of Graduation Ceremony:** -----

**Preferred Dates of Departure:** -----and/or-----  
(Reminder: You are allowed to stay for two weeks after graduation/completion of studies)

**Comments/Special Instructions:** -----  
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**Contact Address in Botswana:** -----  
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**Email Address :** -----

**Telephone:** Home: ----- Cell: -----