



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: -----

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: -----

Contact Address in Botswana: -----

Email Address : -----

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