



The University of Texas Health
Science Center at San Antonio

International or Non-LCME Visiting Student Elective Application

The University of Texas Health San Antonio, Long School of Medicine
MSC 7985, 7703 Floyd Curl Drive, San Antonio, Texas 78229-3900

PLEASE READ AND FOLLOW INSTRUCTIONS: Complete Parts I and II. Send application, supporting documents and application fee to the Office of Student Affairs. Part III will be completed by the Department hosting the visitor. All documentation will then be sent to the Office of the Registrar for processing. The Department will notify you of the final decision. **Please allow 6 weeks for processing.**

I. TO BE COMPLETED BY APPLICANT: I hereby make application to The University of Texas Health San Antonio, Long School of Medicine for the following activity. I understand that student services are **NOT** available to me. [I understand that there is a **non-refundable processing fee of \$25.00 per application**, which is due and payable upon arrival]

Title of Elective: _____

Course Number (If Applicable) _____ Department _____

Elective Start Date _____ Elective End Date _____

Printed Full Legal Name _____
Last First Middle

Social Security #* (if applicable) - -

**Disclosure of your Social Security Number is requested for the student records system of The University of Texas Health Science Center at San Antonio.*

Gender _____ Date of Birth - - (mm-dd-yyyy)

Are you an international visiting student? Yes No

Citizenship Status: U.S. Citizen Yes No If not, are you a: Permanent Resident Alien Non-immigrant Alien

VISA type _____

Country of Origin _____ (Please attach Documentation/Visa copy)

Home Mailing Address _____

Telephone: Day _____ E-mail Address: _____

Expected Graduation Date _____

Home School and Mailing Address _____

Do you have malpractice insurance? Yes No If so, attach proof.

Have you ever been an applicant to our institution? Yes No

Signature _____ Date _____

II. TO BE COMPLETED BY APPLICANT'S ASSOCIATE DEAN or DEPARTMENT CHAIR: This is to certify that the above named student is a **student in good standing** and is authorized to take this course/elective at The University of Texas Health Science Center at San Antonio. The student **(WILL) (WILL NOT)** pay tuition at the home school during the period indicated. Malpractice insurance **(DOES) (DOES NOT)** cover the student away from the home school. The student **(IS) (IS NOT)** covered by personal health insurance. The student **(HAS) (HAS NOT)** been instructed in the safety and precautions for infection control and Health Insurance Portability and Accountability Act.

Signature of Visiting Student's School Official

Institution

Printed Name of School Official

Title of Official

Official's School Mailing Address

Official's E-mail Address

PLEASE AFFIX SCHOOL SEAL HERE:

Phone Number

Date

Fax Number

III. TO BE COMPLETED BY DEPARTMENT HOSTING THE VISITOR:

1. This application **(IS) (IS NOT)** approved for the following dates: _____ through _____.

2. The Instructor responsible for the student's evaluation (if applicable) and to whom the student should report is:

Name _____ Phone Number _____

Department _____ Room No. _____

Date _____ Time _____

3. All students must report to the Registrar's Office, Room 319-L, on the morning of their first day. **International students must report to the Office of International Services, Room 331-A, BEFORE reporting to the Registrar's Office.***

APPROVAL:

Signature of Preceptor

Date

Signature of Department Chairperson

Date

Signature of Associate Dean for Student Affairs

*All Visiting Students must report to UT Office of Public Safety/Police after business is completed with the Registrar's Office and the Office of International Services.