

INSTRUCTIONS

All admitted international students in need of a F-1 visa to attend the University of Texas Health Science Center at San Antonio should submit this form along with documents indicated below to the Office of International Services (OIS). Please allow the OIS 10 business days to process forms once a complete request packet is submitted. The OIS will email you when the I-20 Form is ready to be sent to you. If you are currently outside of the U.S., you will need to present the I-20 Form to the American embassy/consulate in your home country and apply for a F-1 Visa. (If you are currently in the U.S. in F-1 status, you will need to transfer your F-1 record. If you are currently in the U.S. but not in F-1 status, please contact the OIS for advice.) The issuance of the I-20 form does not guarantee that the consular officer will issue you a visa. Instructions about the visa interview process will be sent to you with the I-20 form.

Visa processing times vary so please submit the documents indicated below in a complete packet to the OIS at least three months before your program's start date if you will be applying for a F-1 visa before starting your studies.

If you have any additional questions and/or concerns, please call 210-567-6241 or email international@uthscsa.edu

ITEMS TO BE SUBMITTED WITH THIS FORM BY ANY STUDENT REQUESTING F-1 VISA/STATUS

Copy of the biographic information and expiration page(s) of international student's passport

Copy of program acceptance letter provided by academic department

Completed Departmental Sponsorship Form for F-1 Visa for International Student provided by academic department

Financial support documentation – The U.S. Dept. of Homeland Security requires the university to document the student's ability to pay for the cost of attendance (i.e. tuition, fees, room and board, etc. for one year.) The official Costs of Attendance are on the Office of Veteran Services & Financial Aid's website: <http://students.uthscsa.edu/financialaid/>.

All financial documents must be in English or officially translated into English. Documents must be dated within the last 3 months. Salary statements and/or tax documents are not acceptable.

Acceptable documents are:

Official admissions letter or other signed, dated document issued by the UT Health Science Center indicating specific amount of funding provided (for example, stipends, fellowship, scholarship, etc...) and length of support

Official bank statement printed on the bank's letterhead including the date of issuance, account holder's name, and current balance. *If the bank statement is not under the applicant's name, please submit an additional signed, dated letter from the person who will be financially supporting the student stating relationship to the student, amount of financial support, and duration of support. Only bank statements from individuals (not companies or other organizations) will be accepted.*

Official award/institutional support letter on letterhead from another source such as a scholarship, grant, etc..

Loan certificates/letters which are signed, dated, and indicate student's full name and amount of approved loan

Visa Dependent Request Form (if spouse or children will accompany you to the U.S.). Form available at www.uthscsa.edu/ois

ADDITIONAL ITEMS TO BE SUBMITTED WITH THIS FORM ONLY IF STUDENT CURRENTLY IN U.S. IN F-1 STATUS

Copy of most recent I-94 Arrival Record (can be downloaded at <https://i94.cbp.dhs.gov/>) or if last arrival to the U.S. prior to April 2013 copy of the front and back of I-94 card

Copies of current and previous U.S. visa stamps

Copies of current and all previously issued I-20 forms

Copies of current and any previous Employment Authorization Document (EAD) cards (if applicable)

F-1 Transfer In Form found on the OIS website at www.uthscsa.edu/ois

ADDITIONAL ITEMS TO BE SUBMITTED WITH THIS FORM IF STUDENT CURRENTLY IN U.S. AND NOT IN F-1 STATUS

Copy of most recent I-94 Arrival Record (can be downloaded at <https://i94.cbp.dhs.gov/>) or if last arrival to the U.S. prior to April 2013 then a copy of the front and back of physical I-94 card

Copies of current and previous U.S. visa stamps

Copies of all previously issued I-20 forms

Copies of all DS-2019 forms if hold or previously held J status

Copies of current and any previous Employment Authorization Document (EAD) cards (if applicable)

Copies of all prior Form I-797 Approval Notices if previously held H, L, O or TN visa status

QUESTIONNAIRE TO BE COMPLETED BY STUDENT

Name (Last, First, Middle): _____

Date of Birth (mm/dd/yyyy) _____ Gender: Male Female

Country of Birth _____ Province of Birth _____ City of birth _____

Country of Citizenship _____ Country of Lawful Permanent Residence: _____

Are you currently in the U.S.? Yes No If 'yes', what is your current visa status? _____

When does your current visa status expire? (MM/DD/YYYY) _____

If you are in the U.S., do you intend to travel outside of the U.S. prior to beginning your studies at the UT Health Science Center at San Antonio? Yes No

If 'yes', provide exact dates and destination(s) of travel: _____

Have you or has anyone on your behalf applied for U.S. permanent residency ("green card")? Yes No

If you are bringing any dependents (spouse and/or minor children under age 21) with you, please indicate how many: _____

Phone Number (include country code): _____

Email Address: _____

Permanent Home Address:

Number and Street

City State/Province Country

Postal Code

U.S. Address if Currently in U.S.:

Number and Street City

State/Province Country Postal Code

Address to Send I-20 Form: (Postal boxes are not acceptable.)

Permanent Foreign Address, as listed above

Current U.S. Address, as listed above

Other Address Indicated Below:

Number and Street City

State/Province Country Postal Code

HEALTH INSURANCE REQUIREMENT

All international students enrolled in courses at the University of Texas Health Science Center at San Antonio on a F or J non-immigrant visa status are required by the University of Texas (UT) System Board of Regents to have continuous medical insurance compliant with the federal Patient Protection and Affordable Care Act (PPACA) and medical evacuation and repatriation of remains insurance coverage. Enrollment in the UT Student Health Insurance Plan (SHIP) will be required for the entire period of your enrollment as a student except for those who have an approved waiver. The cost of the UT SHIP will be approximately \$2000 annually. To learn more about the UT System Board of Regents insurance requirements please visit: <http://www.utsystem.edu/board-of-regents/rules/50402-student-health-insurance-requirements>

A few months prior to the start of your program of study, you will receive email messages from the Office of International Services with detailed information about the health insurance coverage and instructions on the online process for international students to request to waive out of the required insurance plan. The instructions will indicate when the waiver request period will be and what steps you will need to take to request to the waiver. **Please note that is your (the international student's) responsibility to request to waive out of the required insurance.** It is not your academic program staff's responsibility.

A waiver submission is required and must be approved for each semester. If your waiver request is not approved, you will be automatically enrolled in UT SHIP and the cost for the insurance coverage premium will be added to your student account. Please note that the waiver request must be submitted regardless of the declaration you complete when you enroll for courses via the UT Health Science Center at San Antonio student portal.

Criteria to Apply for Insurance Waiver

If you hold insurance which meets the following criteria, you may apply to waive out of automatic enrollment in the UT SHIP once the waiver period opens:

A. You are sponsored by the U.S. government, a foreign government recognized by the U.S., or certain international, government sponsored or nongovernmental organizations, if:

1. The sponsor has guaranteed payment of all health care expenses in writing, or
2. The sponsor has provided coverage through a Patient Protection and Affordable Care Act (PPACA) compliant plan with the PPACA Essential Minimum Benefits (typically Gold Level or higher standard, but sometimes silver); ; or

B. You are enrolled in the UT System Employee Group Health Plan; or

C. You are enrolled in another PPACA compliant employer-provided plan or another PPACA individual plan, with such coverage compliant with the PPACA Essential Minimum Benefits, which is typically Gold Level or higher standard, but sometimes silver. (You must include a carrier letter indicating Metal Tier and Qualified Health Plan certification).

Please note that travel insurance plans or plans that require you to pay for treatment yourself and then apply for reimbursement will NOT be acceptable for waiving the UT SHIP.

Alternative Insurance Plan Requirements:

If you meet one of the above waiver criteria, then your alternative health insurance coverage must meet the following minimum requirements:

1. Medical coverage is unlimited;
2. Deductible is \$500 or less per condition;
3. No pre-existing condition limitation; and
4. Dates of coverage must meet or exceed the policy period

Please note the minimum required coverage for Medical Evacuation is \$50,000 and Repatriation of Remains coverage is \$25,000. If you apply to waive out of the UT SHIP insurance, but your insurance plan does not have adequate medical evacuation and repatriation of remains coverage, then you will automatically be enrolled in the UT System Global Emergency Services (AES) plan. The charges will be automatically applied to your student account. The cost will be approximately \$100 - \$150 annually.

By signing below I attest that all the information I provided above is true and complete. I understand that as an international student,

I will be responsible for maintaining my own legal status;

I must be registered full-time every semester;

I must ensure that my immigration documents do not expire;

If I allow the date on my I-20 form to expire, I will not be in legal status and may suffer serious consequences; and

I must follow and comply with the medical insurance requirements and policies as outlined above.

Student Signature: _____

Date: _____