

Attestation for Foreign Medical Students Participating in an Elective Rotation

By signing below, I attest that:

- I am a third or fourth year foreign medical school student applying to participate in an “elective rotation” at the University of Texas Health Science Center at San Antonio.
- I will not be receiving remuneration from the University of Texas Health Science Center at San Antonio or any affiliated hospital.
- I will not undertake research while at the University of Texas Health Science Center at San Antonio.
- Any elective rotation at the University Of Texas Health Science Center at San Antonio will be an approved part of my foreign medical education.
- I understand that all activities that I engage in as part of any elective rotation must be under the supervision and direction of a faculty physician.
- I understand that I can only engage in up to a maximum of two (2) elective rotations, up to 8 weeks total, at the University of Texas Health Science Center at San Antonio.
- I understand that I may only participate in the specific elective rotation(s) which the School of Medicine at the University of Texas Health Science Center at San Antonio has approved prior to my arrival.
- I understand that I must be admitted to the U.S. as a visitor for business (B-1 or WB) status and that it is my responsibility to check my arrival record at <https://i94.cbp.dhs.gov/I94/request.html> when I enter the U.S. to confirm that I have been granted this status.
- I understand that I am fully and solely responsible for maintaining lawful immigration status in the U.S. during my participation in the elective rotation and for complying with U.S. Department of Homeland Security laws and regulations.

Full Name: _____

Signature: _____

Date: _____