

Read and Initial Each Attestation, Provide Signature Below

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- I understand that I may not volunteer in any capacity at UTHSCSA.
 - I will provide a copy of my passport, visa, and/or form I-94 to OIS any time a new one is received.
 - I have received a copy of the "Maintaining Your ____ Visa Status" handout, and understand ALL of the information and requirements listed in it.
 - I understand that I must call or email ahead of time to schedule an appointment about case specific questions.

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- I understand that I may not change or add worksite locations without prior approval from OIS.
 - I understand that I may not transfer to a new department/division without receiving prior approval from OIS.
 - I understand that as an F-1 International Student or J-1 Exchange Visitor, I am required by U.S. federal regulation to have and maintain comprehensive health insurance, including medical evacuation and repatriation of remains coverage, for myself and my family dependents.

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- I understand that as a **J-1 Postdoctoral Research Fellow**, I may not apply for a waiver of the 212 (e) home stay requirement without prior advisement and approval from OIS.
 - As a J-1, I understand that I may not have patient contact during my exchange visitor program. *The HSC has defined "patient contact" as: physically touching, talking with, performing a medical history and/or examination, counseling (patient or patient's family/friends), assisting in surgery or any other procedure, or otherwise interacting with patients.*
 - I understand that the J-1 program, in which I will be engaged, is solely for the purpose of observation, non-clinical consultation, teaching, or research and that no element of patient care is involved. Regulatory Citation: 22 CFR Section 62.27(c)(1)(i).

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- As an F-1 student, I understand that I must remain enrolled full time (9 credit hours for graduates/12 credit hours for undergraduates) during all fall and spring semesters unless I have been approved for reduced course load by an OIS advisor.
 - As an F-1 student, I understand that am only eligible to work on campus for no more than 20 hours per week while school is in session.

I understand that failure to abide by the above stated requirements could lead to immediate program termination.

Printed Name: _____

Signature: _____

Date: _____