

## Education Abroad Program Form

The Study Abroad Approval Form is used as a pre-approval step prior to the education abroad experience. The form must be completed, inclusive of all requisite signatures, and submitted to the Office of International Services well in advance of the proposed departure date.

All students must have a completed and approval Education Abroad Program Form on file with the Office of International Services prior to departure and in order to: 1) ensure that academic credit will be appropriately listed on the academic transcript upon completion of the education abroad experience; 2) maintain enrollment while abroad; 3) receive coverage under the University of Texas system-sponsored medical, evacuation, and repatriation insurance policy; and 4) receive any form of institutional or institutionally-associated financial aid, including scholarship or grants that derive from endowment funds, during the period of the education abroad experience.

### Part A: General Student and Program Information

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

School:    Medicine    Nursing    Health Professions    Biomedical Sciences    Dentistry

Program Sponsor, if not the UT Health Science Center at San Antonio: \_\_\_\_\_

Is the education abroad experience pursuant to an official academic exchange program?    Yes    No

Program Name: \_\_\_\_\_

Program City: \_\_\_\_\_ Program Country: \_\_\_\_\_

Program Partners: \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Supervising Faculty Mentor/Preceptor Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ License Number: \_\_\_\_\_

Title: \_\_\_\_\_

Faculty member will be on site for duration of visit?    Yes    No            Copy of CV Attached?    Yes    No

**Part B: Background/Context of Program & Partner(s)**

A brief introduction to the country, site and program partners: this should include previous activities at the site, if any, by Health Science Center faculty, staff and/or students as well as representatives from other institutions.

**Part C: Objectives/Goals**

The specific aims and goals you hope to achieve as a participant in the Education Abroad program.

**Part D: Project Summary/Scope of Work**

What are your responsibilities while on program? What are you going to be doing? Give as much details as possible.

List the specific tasks you will perform while on program. (e.g. collect data, shadow physician, take history/physicals, direct patient care, conduct health education, language classes etc.)

**Part E: Academic Responsibilities**

What academic outputs will result from your participation at this site and where will they be delivered (at site, back home, elsewhere)? These should include all required coursework (reflection essay, project reports, etc.) as well as any other specific outputs. Other outputs can include presentations, abstracts, journal articles, blog post etc.

**Part E: Financial Aid**

If you are receiving financial aid for your studies at the University of Texas Health Science Center at San Antonio, *it is your responsibility* to contact the Office of Veteran Services & Financial Aid (<http://students.uthscsa.edu/financialaid/>) to confirm that you are eligible to receive financial aid during your participation in the Education Abroad Program. You can also inquire with the Office of Veterans Services & Financial Aid regarding available financial aid for Education Abroad opportunities.

**Part E: Attestation:**

I, \_\_\_\_\_, attest that the information provided in this form is complete and accurate to the best of my knowledge.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_