

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 visitor's evaluation (if applicable) and to whom the visitor should report is:

Name _____ Phone Number _____

Department _____ Room No. _____

Date _____ Time _____

3. All Visitors must report to the Office of the University Registrar, Room 317L, on the morning of their first day. **International students must report to the Office of International Services, Room 331-A, BEFORE reporting to the Office of the University Registrar.***

APPROVAL:

Signature of Preceptor

Date

Signature of Department Chairperson or Associate Dean for Student Affairs

Date

*All Visitors must report to UT Office of Public Safety/UT Police after business is completed with the Office of the University Registrar and/or Office of International Services with their official memorandum.