

VISITING STUDENT APPLICATION

The following application is for students who meet the criteria for a Visiting Student set forth in the HOP [Policy 14.2.2](#) (Policy on Visiting Students) and processed by the Office of the University Registrar. The processing fee for Visiting Students is \$25 **per assessment cycle**. The assessment cycle runs from 7/1 – 6/30. This fee is non-refundable and non-transferable.

Part I: (required) To Be Completed by Applicant

Name: _____
First _____ Middle _____ Last _____

Social Security # (if applicable) _____

Date of Birth: _____ Gender: _____

Are you a U.S. Citizen or Permanent Resident? Yes No

If No, list Status, Visa Type, and Country of Origin: _____

Mailing Address: _____

Telephone: _____

Email Address: _____

Home Institution (university/ college or high school): _____

Part II: (required) To be Completed by Sponsoring Department

Please verify the following criteria:

- The applicant is currently enrolled at another institution of higher education or
 - If the applicant is in high school, they have been approved by The Office of Recruitment and Science Outreach
- The applicant is not a student at UT Health Science Center San Antonio
- The applicant is not receiving payment/wages for this experience
- The Sponsoring Department and Visiting Student applicant have reviewed the [Visiting Student Policy](#) (HOP 14.2.2) and [Attestation Agreement](#) and are aware of the requirements that must be met prior to starting the visit.

If the applicant meets the criteria above, they can be processed as a Visiting Student by the Office of the University Registrar. **If they do not meet the criteria above**, they are not processed as a Visiting Student by our office and cannot use this application.

Name of Department: _____

Name of Faculty Sponsor: _____

Title of Faculty Sponsor: _____

Email of Faculty Sponsor: _____

Activity for visiting student: _____

Dates of Visit (**Dates must be exact and cannot be over a year at a time**)

Start Date: _____ End Date: _____

The Department will be paying for the Visiting Student via [IDT](#)

The Visiting Student will be paying for themselves

Name of Department Contact: _____

Email of Department Contact: _____

Approval: _____

Name of Department Sponsor

Signature

Date

Name of Chairperson or Associate Dean for Student Affairs

Signature

Date

Once all required areas are complete, the application can be emailed by the Sponsoring Department to registrars@uthscsa.edu. **Our office does not accept applications directly from the Visiting Student.**

Once received, we will review the application and verify payment information. Please allow up to two weeks for processing.

Once the application has been processed, the Office of the University Registrar will reach out the Department Contact to set up an appointment for pick up of the official Visiting Student memo.