

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 [IDI](#)

____ 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.