

## I-20 REQUEST FORM – VISITING MEDICAL STUDENT

Congratulations on your acceptance to complete up to 8 weeks of medical electives at the University of Texas Southwestern Medical Center. You are required to apply for an F-1 student visa to enter the U.S. and complete these electives. Upon receipt of the information below, we will issue Form I-20 and send it to you and you will use Form I-20 to schedule a visa interview appointment at the nearest U.S. consulate in your country.

### SECTION 1 - PLEASE COMPLETE THE FOLLOWING

Full Name (as shown on passport): \_\_\_\_\_  
(Surname, Given name)

Date of Birth (month/day/year): \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

I have been accepted in the following elective(s):

Elective 1: \_\_\_\_\_ Elective start and end dates: \_\_\_\_\_  
(mm/dd/year – mm/dd/year)

Elective 2: \_\_\_\_\_ Elective start and end dates: \_\_\_\_\_  
(mm/dd/year – mm/dd/year)

Mailing address (including postal code) Your I-20 will be mailed to this address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone : \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2 – PLEASE PROVIDE THE FOLLOWING DOCUMENTATION:

1. **Financial Documents** – Bank statement or official letter from the bank confirming that a minimum of \$1475 per 4-week course is available. This amount covers your estimated expenses of \$25 per course for tuition; \$75 per month for health insurance (including medical evacuation and repatriation insurance); \$25 per elective for malpractice insurance; and \$1,350 per month for living expenses including rent, transportation, food and personal expenses.
2. **Health Insurance** - Documentation confirming you have purchased health insurance including medical evacuation and repatriation coverage for the duration you will be in the U.S. (For a list of health insurance providers see:  
[http://www.nafsa.org/Find\\_Resources/Supporting\\_International\\_Students\\_And\\_Scholars/Network\\_Resources/International\\_Enrollment\\_Management/Health\\_Insurance\\_Companies/](http://www.nafsa.org/Find_Resources/Supporting_International_Students_And_Scholars/Network_Resources/International_Enrollment_Management/Health_Insurance_Companies/))
3. **Medical Malpractice Coverage** - Documentation of medical malpractice from your home university or your agreement to purchase malpractice insurance upon arrival.
4. **Copy of biographical page in your passport**

**Please scan this completed form and the above supporting documents and email them to InternationalAffairsOIA@utsouthwestern.edu**