

DETERMINING A NON-IMMIGRANT VISA CATEGORY
INTAKE FORM



The Office of International Services assists departments/divisions with determining the most appropriate non-immigrant visa category for international visitors. In order to best assist you with this process, we request that you complete this form, providing us with detailed information. You may complete this form for a group of visitors if all other details will be identical. OIS will review each situation carefully and reach out to you for additional clarification, if needed, before providing available option(s). Please refer to our [website](#) for comparison charts on the various visa categories. Please email this form directly to your International Services Representative or to international@uthscsa.edu.

INFORMATION REGARDING INTENDED VISIT (to be completed by department contact)

Sponsoring Department/Division:

Number of Visitors:

Country of Citizenship:

Anticipated Start Date of Activities:

Intended Duration of Stay:

Purpose of Visit:

Planned Activities (check all that apply):

Research

Teaching

Consultation

Clinical Observation (under supervision, excludes direct patient contact or care)

Non-Clinical Observation, Specify:

Patient Contact

Patient Care

Course Enrollment

Other:

Source of Funding for Stay (check all that apply):

Funds from UT Health San Antonio

Personal/Family funds

Support from home institution/organization

Other:

If the individual(s) will receive funding from the University:

Is this a one-time payment? Yes No

If this individual will be considered an employee, please include anticipated position title:

Is this international visitor's stay a part of an existing or potential collaboration between UT Health San Antonio and another institution?

Yes

If yes, name of institution:

Attach a copy of the memorandum of understanding (MOU) to this email (if applicable).

No

Indicate whether the individual(s) is currently inside or outside the U.S.: Inside Outside

If inside the U.S., current visa status (if known):

Additional remarks:

Name of Sponsoring Faculty Member:

Email:

Phone:

Name of Department Administrator:

Email:

Phone: