

**Non-United States Citizens
Must get permission from the Office of International Affairs**

The resident described on this application is approved to complete an away elective rotation outside of the University of Texas Health Science Center at Houston Medical School.

International Advisor: _____

Date Clearance Received: _____

Before we can approve your rotation, this form must be returned and signed by your Program Director along with the following attachment(s):

- 1. Copy of documentation from the program you wish to visit approving your participation in elective.**

Resident is responsible for all housing and travel costs, including parking.

UT Graduate Medical Education Approval

GME Coordinator

Date Approved