

**The University of Colorado Denver
School of Medicine
International Visiting Student Program Sponsor Agreement**

The School of Medicine offers students from international medical schools a number of fourth year clinical electives to which they can apply. To apply, a University of Colorado School of Medicine (CUSOM) full-time paid faculty member must sponsor the international student.

To be considered for an elective, I understand the student must meet all requirements for the international visiting student program.

As a CUSOM faculty sponsor, I confirm that I know the student, have personally invited the student to participate in our international program and agree to be responsible for the students' professional, social behavior and well being while on rotation at CUSOM. A copy of the letter of invite will be attached to this form. I am aware that CUSOM is not responsible for any financial obligations to the student.

The International Scholars and Students Office (ISSO) has the sole discretion and responsibility to determine the type of visa permitted and to prepare and submit the official visa applications or any other documentation required. I understand that any questions concerning the internationals' visa status or authorized activities under immigration regulations will be referred to the ISSO. No changes in authorized activities may be made without prior approval by ISSO.

If accepted, the student will rotate through my home department and CUSOM core hospitals only. I will notify the Visiting Student Coordinator of the course arranged for the student prior to the student beginning the course.

Upon arrival at CUSOM, I will direct the international student to the ISSO to complete the international check-in process which includes providing the ISSO with the student's local address/phone number while participating in the CUSOM International Visiting Student Program. Local contact information will also be provided to the CUSOM Visiting Student Coordinator.

Colorado Immunization and VA HIPAA training - I understand that the student must comply and meet all Colorado Immunizations and complete the VA HIPAA training prior to beginning the elective. I understand I may have to assist the student with the respiratory tb mask fitting and will provide proof of fitting prior to the student beginning the elective.

Name of Sponsored Student: (please print name)

Name of Medical School Student Attends:

Location of Medical School: City: _____ Country: _____

CUSOM Sponsor (please print name): _____

CUSOM Sponsor Signature: _____ Date Signed: _____

CUSOM Dept: _____ Hospital Pager: _____

CUSOM or Hospital email address: _____