

TEMPLATE ACCEPTANCE LETTER TO OBSERVERS & TRAINEES

For the Faculty sponsor/hosting department to edit this template (on department's letterhead) and send it to the applicant once the department receives the approval email from the Office of the Executive Vice President and Chief Academic Officer (EVPCAO).

Date

Dr./Mr./Ms. First Last

Address

Dear Dr./Mr./Ms. Last:

Greetings from The University of Texas Health Science Center at Houston (UTHealth). I am pleased to notify you that your [CHOOSE ONE: Observer / Pre-Baccalaureate Trainee / Professional Trainee / Visiting Student Trainee] application has been approved. Under the direction of [name of faculty sponsor], this association will be from [beginning date] to [ending date] at the [school/department/division]. This association with UTHealth will be governed by the *Application for Observer/Trainee* which you signed on [date of application].

[THIS PARAGRAPH APPLIES ONLY TO FOREIGN NATIONALS. DELETE FOR U.S. APPLICANTS.] This association is contingent upon your ability to maintain an appropriate and valid visa status. The Office of International Affairs (OIA, 713-500-3176, utoiahouston@uth.tmc.edu) at UTHealth has a copy of your application and will contact you regarding your visa. In addition, you must make arrangements to check in with OIA for visa clearance prior to the first day of your appointment [beginning date]. Failure to check in with OIA will delay the start of your appointment. Once you have received your visa clearance, you may go directly to the Human Resources Department (7000 Fannin Street, UCT 150) to obtain your UTHealth identification badge. After receiving your visa clearance and badge, you will need to report to [faculty sponsor, department].

[THIS PARAGRAPH IS ONLY FOR US CITIZENS AND US PERMANENT RESIDENTS] On your start date, [start date], you will need to obtain your UTHealth ID badge. Please stop by Human Resources (7000 Fannin, Suite 150) between the hours of 8-11 AM or 1-3 PM, only; no appointment is needed, but you must appear between the set times for badging. Once you have received your badge, you will need to report to [faculty sponsor, department].

Please indicate your acceptance of this association by signing and returning this letter to [name of departmental administrative contact] at [mailing and/or e-mail address]. This letter must be returned within two weeks of the above date; otherwise, your [CHOOSE ONE: Observership / Training] will be withdrawn automatically.

If you have any questions, please contact [name of departmental administrative contact] at [phone number] or [e-mail]. We look forward to your association with this institution.

Sincerely,

Title - Dean, Department Chair or Faculty Sponsor (as determined by School policy)

Acknowledgment and Acceptance:

I confirm that I have read and acknowledged the policies and procedures included in the application forms and will adhere to all UTHealth policies, rules and requirements.

Accepted:

Signature of [name of applicant, CHOOSE ONE: Observer/Trainee]

Date

cc: Office of International Affairs *[FOREIGN NATIONALS ONLY]*