



001 - 3 1000

Mr. Jose Lavin Santos
Chancellor

OPEID: 01230190

Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico
Centro Universitario Tampico-Madero
Tampico, Mexico 89339

Re: NOTICE OF EXPIRATION OF ELIGIBILITY TO PARTICIPATE IN TITLE IV FEDERAL STUDENT AID PROGRAMS EFFECTIVE MAY 4, 2005

Dear Mr. Santos:

Thank you for your correspondence dated November 10, 2003 stating that Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico (hereinafter referred to as Institution) wishes to withdraw its Application for Recertification in Title IV Federal Student Aid (FSA) programs. The U.S. Department of Education (Department) hereby confirms that the institution's eligibility was withdrawn May 4, 2005.

This letter serves to remind you that with this loss of institutional eligibility, students from the United States who are enrolled at your Institution are no longer eligible to borrow loans for attendance at the Institution.

Despite your Institution's loss of eligibility to participate, currently enrolled U.S. citizens and eligible non-citizens who have received loans under the Federal Family Education Loan (FFEL) program while attending your Institution, may be eligible to receive an additional loan during the next academic year. For your information, I have reprinted, below, U.S. student aid regulation 34 CFR 600.57(c):

Notwithstanding the provisions of 34 CFR 668.26, if a foreign institution loses its eligibility under this subpart E, an otherwise eligible student, continuously enrolled at the institution before the loss of eligibility, may receive an FFEL program loan for attendance at that institution for the academic year succeeding the academic year in which the institution lost its eligibility, if the student actually received an FFEL program loan for attendance at the institution for a period during which the institution was eligible under subpart E.

Essentially this regulation means that if a U.S. citizen or an eligible non-citizen has been continuously enrolled in an eligible program at your Institution, and he/she received an FFEL program loan before the Institution's eligibility loss date (May 4, 2005), that student, assuming he/she is otherwise eligible, may receive an FFEL program loan for the academic year following the one in effect on May 4, 2005. This regulation was put into place to help U.S. citizens and eligible non-citizens complete their programs even if a school loses eligibility after the student initiated attendance. This provision, however, is not available to U.S. citizens and eligible non-citizens who have not previously borrowed FFEL program loans to attend you institution.

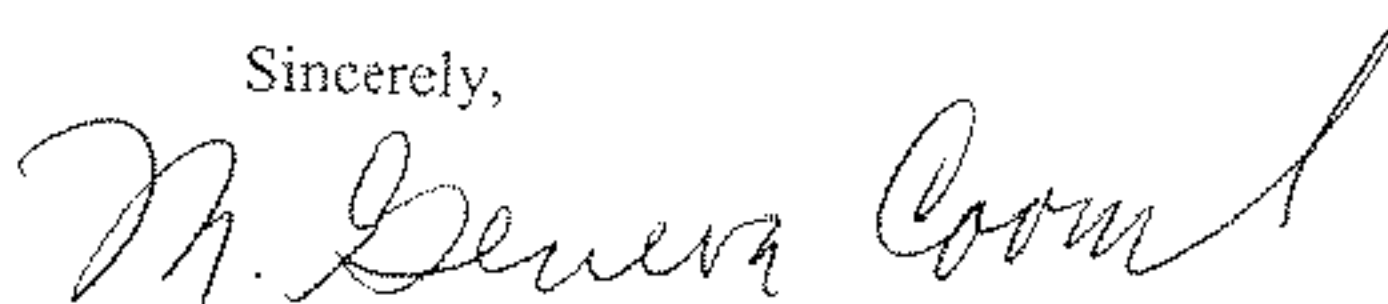
830 First St. N.E., Washington, DC 20202
www.FederalStudentAid.ed.gov
1-800-4-FED-AID

In the future, should your Institution be able to demonstrate that it meets our institutional eligibility regulations and should the institution wish to submit a new and materially complete application for reinstatement, the Department will review that request and notify the institution of our determination. Our application is electronic and can be accessed through the Internet at: <http://www.eligcert.ed.gov>. The Department's consideration of any such submission will not automatically reinstate your Institution's participation while the information is reviewed. If the Institution should wish to apply for reinstatement in Federal Student Aid programs, the Foreign Schools Team will be pleased to assist you with your application. At the appropriate time, you may contact the Foreign Schools Team at (202) 377-3168 or at the following address:

U.S. Department of Education
Federal Student Aid, School Eligibility Channel
Attention: Foreign Schools Team
Union Center Plaza, 73C3
830 First Street, NE
Washington, DC 20002

We appreciate your Institution's previous participation in the Federal Student Aid programs. If you have any questions concerning the information contained in this letter, or if our office may be of any further assistance, please contact the Foreign Schools Team at the address or telephone number listed above or by fax at (202) 275-3486.

Sincerely,



M. Geneva Coombs
Director
School Participation Teams - Northeast

Section A. Please answer these general questions.

1. Tell us why you are submitting this application. (You may check more than one box.)

Initial Certification. This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other HEA programs.

Change in institutional ownership or structure. This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.

Recertification. This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's PPA will expire soon.

Designation as an eligible institution. This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than student financial aid programs.

Reinstatement. This is a request to be reinstated to participate in federal student financial aid programs and to be redesignated as an eligible institution for other HEA programs.

Other (specify)

2. What is the name of your institution?

3. Do you have another name that you are legally doing business as?

Yes No

If yes, what is that name?

Section A

4. During the past four years, have you had another name?

Yes

No

If yes, what was that name?

Check here if you are an institution resulting from a merger in the past four years, and give the names of the former (pre-merger) institutions.

5. What are the first 6 digits of your 8-digit Office of Postsecondary Education Identification (OPE ID) number? (This number might be on your mailing label.) The final 2 digits already are entered for you.

Check here if you are an initial applicant and do not have an OPE ID number, and go to Question 6.

Current OPE ID (or former OPE ID if seeking reinstatement)

Check here if you are an institution resulting from a merger in the past four years, and give the OPE ID numbers of the former (pre-merger) institutions.

6. What is your 9-digit Employer Identification Number (EIN) assigned by the IRS?

Check here if you are an institution resulting from a merger in the past four years, and give the EINs of the former (pre-merger) institutions.

7. What was your most recently completed award year?

Beginning date:

Ending date:

8. What is your current award year?

Beginning date:

7/1/19 7

Ending date:

6/30/19 8

9. (Optional) Does your institution have a home page on the Internet?

Yes

No

If yes, list the electronic address.

Medicina @Medicina..UAT.MX

10. Who is your chief executive officer (CEO)/president/chancellor?

First name, Middle initial, Last name

(Include prefix, such as Mr., Ms., Dr.)

Mr. Humberto Francisco Filizola Haces

Job title

Chancellor

Business street address

Centro Universitario Tampico-Madero

City

Tampico

State (or province) and zip+4 (and country, if outside the U.S.)

Tamaulipas, México 89339

Telephone number (including area code)

0115212 27 05 86

ext:

Fax number (including area code)

0115212 27 05 76

ext:

Internet address (if applicable)

Medicina @Medicina..UAT.MX

Section A

11. Who is your chief fiscal officer/financial officer?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

SALDIVAR GONZALEZ ATENOGENES HUMBERTO MD.

Job title

FINANCIAL OFFICER

Business street address

CENTRO UNIVERSITARIO TAMPICO-MADERO

City

TAMPICO

State (or province) and zip+4 (and country, if outside the U.S.)

TAMAULIPAS, MEXICO 89339

Telephone number (including area code)

0115212 27 05 86 ext:

Fax number (including area code)

0115212 27 05 76 ext:

Internet address (if applicable)

A.Saldivar@Med.UAT.MX.

12. Who is your financial aid director?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

GALINDO ARGUELLES LUIS FELIPE MD.

Job title

DEAN

Business street address

CENTRO UNIVERSITARIO TAMPICO-MADERO

City

TAMPICO

State (or province) and zip+4 (and country, if outside the U.S.)

TAMAULIPAS, MEXICO 89339

Telephone number (including area code)

0115212 27 05 86

ext:

Fax number (including area code)

0115212 27 05 76

ext:

Internet address (if applicable)

L GALINDO @ Med.UAT.MX

13. To whom do you wish us to send all ongoing correspondence (such as "Dear Colleague" letters) and publications concerning federal student financial aid?

Same person as in Question 10.

Same person as in Question 12.

If neither of these people, complete the information below.

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip + 4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Section A

14. Whom should we contact if we have questions about information in this form?

Same person as in Question 10.

Same person as in Question 12.

Same person as in Question 13.

If none of these people, complete the information below.

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Section I

48. What entity in your country is legally authorized to evaluate the quality of your graduate medical educational program?

(b)(5)

Name of entity

Sub. Srio. General

Address

Avenida Universidad y Boulevard López Mateos

City

Tampico

Country

México

Telephone number (including area code)

011 52 12 27 00 00

ext:

3311 , 3312

Fax number (including area code)

011 52 12 27 05 76

ext:

Internet address (if applicable)

Medicina @Medicina..UAT.MX

Name of contact person at the entity:

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Dr. Javier Cruz Gómez

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

49. Are you approved by the entity (or entities) listed in Question 48 to provide a graduate medical educational program in your country?

Yes

No

Include a copy of each approval and its certified English translation.

Section I

c. What medical licensing boards and evaluating bodies in the United States currently approve this part of your medical program?

d. If a clinical program is offered, was it approved by the appropriate state within the U.S. as of January 1, 1992?

Yes No

Include a copy of the approval.

If yes, is it currently approved by the state?

Yes No

Include a copy of the approval.

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

52. List the dates of graduation and the number of regular students who graduated within the past three 12-month periods.

Dates	Dates	Dates
6 - 97		
Graduates	Graduates	Graduates
3		

Check here if you need space to give more answers and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

53. What are the beginning and ending dates of your institution's most recently completed academic year?

Beginning date

7-29-96

Ending date

5-23-97

54. How many full-time regular students were enrolled during the most recently completed academic year?

800

55. How many of the regular students in Question 54 were not U.S. citizens or residents eligible for U.S. federal financial aid programs?

766

56. During the most recently completed academic year, how many of your regular students and graduates from the three preceding academic years took any "step" of the examinations administered by the Educational Commission for Foreign Medical Graduates?

5

57. How many of the students in Question 56 received passing scores on any "step" of the examinations?

0

Section J. Please tell us about your third-party servicers.

- Check here if you do not contract with a third-party or outside servicer, and go to Section K.

58. If you contract with any third-party servicer or outside party to perform any function relating to federal student financial aid programs, provide the following information about each servicer.

Note: Do not list independent auditors. Also do not list vendors that provide books, forms, or computer programs (in other words, do not list vendors unless they actually perform services or functions for you).

Name of servicer's contact person

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Section M. Please include copies of appropriate documents as part of your application.

Indicate all copies of documents you are including with this application.

- Current letter of accreditation (See Question 15)
- Valid state license or other state authorization (See Question 17)
- For private nonprofit institutions—501(c)(3) designation from the IRS (See Question 18)
- If your institution contracts with an organization or ineligible institution to provide more than 25% of any educational program—a copy of the approval from your accrediting agency for contracting this program (See Question 28)

For initial applicants (See Question 35)

- Audited financial statements for the (two) most recently completed fiscal year(s)
- or The default management plan set forth in Appendix D of 34 CFR Part 668 (check this box, but do not include the plan)
- A default management plan other than Appendix D of 34 CFR Part 668

For institutions with a change in ownership or structure (See Question 35)

- Audited financial statements for the two most recently completed fiscal years
- An audited balance sheet showing the financial condition of the institution at the time of the change
- or The default management plan set forth in Appendix D of 34 CFR Part 668 (check this box, but do not include the plan)
- A default management plan other than Appendix D of 34 CFR Part 668

For institutions seeking reinstatement (See Question 35)

- Audited financial statements for the two most recently completed fiscal years
- or The default management plan set forth in Appendix D of 34 CFR Part 668 (check this box, but do not include the plan)
- A default management plan other than Appendix D of 34 CFR Part 668

For foreign institutions, including foreign graduate medical schools

- For private nonprofit institutions—a certified English translation of nonprofit designation status (See Question 18)
- Most recent catalog and its certified English translation of all sections dealing with degrees and programs provided at your institution (See Section I)



UNITED STATES DEPARTMENT OF EDUCATION

CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 11/17/2000

PAGE A - 1

NAME AND ADDRESS OF INSTITUTION:

UNIVERSIDAD AUTONOMA DE TAMAULIPAS FACULTAD DE MEDICINA
DE TAMPICO
CENTRO UNIVERSITARIO TAMPICO-MADERO
TAMPICO
TAMAULIPAS, MEXICO 89339

TYPE OF INSTITUTION:

Foreign Public

CONGRESSIONAL DISTRICT:

ACTION DATE: 09/20/2000

DEPARTMENT REGION: 11

ACTION: Reinstate Elig/Prov Cert

CASE TEAM: 11

OPE ID : 012301 00
TIN ID :
IPEDS ID :
DUNS NBR :
PIN ID :

FEDERAL PELL GRANT ID :
FEDERAL FAMILY EDUCATION LOAN ID :
FEDERAL DIRECT STUDENT LOAN ID :
FEDERAL PERKINS LOAN ID :
FEDERAL WORK - STUDY ID :
FEDERAL SUPPLEMENTAL EDUCATIONAL OPPORTUNITY GRANT ID :

012301



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 11/17/2000

PAGE A - 2

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina
De Tampico
OPE ID : 012301 00

ELIGIBLE : Y
INITIAL APPROVAL DATE : 08/17/1982
CERTIFIED : Provisional
LOAN DEFERMENT : Y

ACADEMIC CALENDAR : Semester Hours
HIGHEST EDUCATIONAL PROGRAM OFFERED : First Professional Degree
PROGRAM PARTICIPATION AGREEMENT
EFFECTIVE DATE : 11/17/2000
EXPIRATION DATE : 09/30/2003
WAIVER(S):
**** End Of Waivers ****

THE INSTITUTION IS ELIGIBLE TO APPLY FOR PARTICIPATION IN THE FOLLOWING PROGRAMS AUTHORIZED UNDER THE HIGHER EDUCATION ACT OF 1965, AS AMENDED:

TITLE I : N TITLE IV : Y TITLE VII : N TITLE X : N TITLE XIII : N
TITLE II : N TITLE V : N TITLE VIII : N TITLE XI : N TITLE XIV : N
TITLE III : N TITLE VI : N TITLE IX : N TITLE XII : N TITLE XV : N

TITLE IV STUDENT FINANCIAL ASSISTANCE PROGRAMS

PROGRAM	CERTIFIED	APPROVAL DATE	PROGRAM	CERTIFIED	APPROVAL DATE
FWS Com Serv	N		FWS Priv Sec Empl	N	
FWS Job Loc Dev	N		FFEL Staff	Y	08/17/1982
FFEL Staff Unsub	Y	07/23/1997	FFEL PLUS	N	
FPerkins	N		FSEOG	N	
FPell	N		FDSLIP Staff	N	
FDSLIP Staff Unsub	N		FDSLIP PLUS	N	

**** End Of Section ****



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED : 11/17/2000

ACCREDITATION SECTION

PAGE B - 1

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

ACCREDITATION

ACCREDITING AGENCY	DESIGNATION	SCOPE	EFFECTIVE YEAR	NUMBER OF YEARS
Mexico: Association Mexicana de Facultades y Escuelas de Medicina (AMFEM)	Primary	Institucional	2000	5

**** End Of Accreditation Section ****



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 11/17/2000

STATE AUTHORIZATION SECTION

PAGE C - 1

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

STATE AUTHORIZATION

STATE AGENCY

**** End Of State Authorization Section ****



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 11/17/2000

OFFICIALS SECTION

PAGE D - 1

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

OFFICIALS

NAME AND ADDRESS	TITLE	PHONE	FAX	INTERNET
Fillizola Haces, Humberto F Centro Universitario Tampico-Madero Tampico Tamaulipas Mexico 893339	Chancellor	0115212270586	0115212270576	medicina@medicina.uat. mx
Saldivar Gonzalez, Atenogenes H M D Centro Universitario Tampico-Madero Tampico Tamaulipas Mexico 893339	Dean	0115212270586	0115212270576	asaldiva@medicina.uat. mx
Cruz Torres, Diego Leoncio M D Centro Universitario Tampico-Madero Tampico Tamaulipas Mexico 893339	Financial Officer	0115212270586	0115212270576	lcruz@medicina.uat.mx



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 11/17/2000

OFFICIALS SECTION

PAGE D - 2

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

OFFICIALS

NAME AND ADDRESS	TITLE	PHONE	FAX	INTERNET
Beauvoir, Moise D Centro Universitario Tampico-Madero Tampico Tamaulipas Mexico 89339	Administrative Consultant	0115236474356	0115236474356	bdominick@hotmail.co m

**** End Of Officials Section ****



CASE MANAGEMENT & OVERSIGHT
ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 11/17/2000

ADDITIONAL LOCATIONS SECTION

PAGE E - 1

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

ADDITIONAL LOCATIONS

OPE ID

NAME AND ADDRESS

APPROVED FOR CERTIFICATION

APPROVAL DATE

INITIAL

**** End Of Section ****



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED: 11/17/2000

VOCATIONAL PROGRAMS SECTION

PAGE F - 1

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

VOCATIONAL PROGRAMS

CIP	INSTITUTION'S PROGRAM NAME	APPROVED	FIRST OFFERED	CREDIT HOURS	TYPE	CLOCK DURATION HOURS	DURATION IN WEEKS
**** End Of Section ****							



CASE MANAGEMENT & OVERSIGHT

ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED : 11/17/2000

FOREIGN GRADUATE MEDICAL SCHOOL

PAGE 1 - 1

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

NON U.S. MEDICAL EVALUATION AGENCY

EVALUATION AGENCY NAME

CONTACT NAME

**** End Of Section ****



CASE MANAGEMENT & OVERSIGHT
ELIGIBILITY AND CERTIFICATION APPROVAL REPORT

DATE PRINTED : 11/17/2000

FOREIGN SCHOOL

PAGE K - 1

INSTITUTION NAME : Universidad Autonoma De Tamaulipas Facultad De Medicina I
OPE ID : 012301 00
INSTITUTION TYPE : Foreign Public

COUNTRY AUTHORIZATION

OVERSIGHT AGENCY

Secretaria De Educacion Public Mexico
Tampico, MEXICO

**** End Of Section ****



U.S. DEPARTMENT OF EDUCATION
STUDENT FINANCIAL ASSISTANCE
CASE MANAGEMENT & OVERSIGHT



**FOREIGN SCHOOL
PROGRAM PARTICIPATION AGREEMENT
[PROVISIONAL APPROVAL]**

Effective Date of Approval: The date on which this Agreement is signed on behalf of the Secretary of Education
Approval Expiration Date: **September 30, 2003**
Reapplication Date: **June 30, 2003**

Name of Institution: **Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico**

Address of Institution: **Centro Universitario Tampico-Madero
Tampico 89339
Mexico**

OPE ID Number: **01230100**

The execution of this Agreement by the Institution and the Secretary is a prerequisite to the Institution's initial or continued participation in any Title IV, HEA Program.

The postsecondary educational institution listed above, referred to hereafter as the "Institution," and the United States Secretary of Education, referred to hereafter as the "Secretary," agree that the Institution may participate in those student financial assistance programs authorized by Title IV of the Higher Education Act of 1965, as amended (Title IV, HEA Programs) indicated under this Agreement and further agrees that such participation is subject to the terms and conditions set forth in this Agreement. As used in this Agreement, the term "Department" refers to the U.S. Department of Education.

SCOPE OF COVERAGE

This Agreement applies to all locations of the Institution as stated on the most current ELIGIBILITY AND CERTIFICATION APPROVAL REPORT issued by the Department. This Agreement covers the Institution's eligibility to participate in each of the following listed Title IV, HEA program, and incorporates by reference the regulations cited.

FEDERAL FAMILY EDUCATION LOAN PROGRAM, 20 U.S.C. 1071 et seq; 34 CFR Part 682.

PROVISIONAL CERTIFICATION

This provisional certification is granted for a limited period to permit the Institution to participate in the Title IV, HEA programs referenced in this Agreement. During the period of provisional certification, the participation of the Institution will be subject to revocation for cause. Cause for revocation includes, without limitation, a failure

to comply with any provision set forth in this Agreement, a violation of Department regulations deemed material by the Department, or a material misrepresentation in the material submitted to the Department as part of the Institution's application process for this certification. The Department in its sole discretion may provide the Institution with an opportunity to cure any such failure, may place the Institution on reimbursement funding pending a decision regarding revocation of this Agreement by a designated Department official, or may suspend the participation of the Institution pending a decision by the Department regarding revocation of this Agreement. In the event the Department chooses to revoke this Agreement and the Institution's participation in the Title IV, HEA programs, the Institution will have the right to show cause why this Agreement should not be revoked by presenting its objections to the designated Department official in writing. The Institution agrees that this opportunity to show cause, and not the procedures in 34 CFR 668 subpart G, shall be the sole administrative appeal regarding such revocation. The decision by the designated Department official will constitute the final agency action.

Special Requirements for Substantial Changes Made During Term of Provisional Certification

Any institution, whether provisionally certified or generally certified, must apply for and receive approval by the Secretary of any substantial change (as hereinafter identified) before it may award, disburse or distribute Title IV, HEA funds based on the substantial change. Substantial changes generally include, but are not limited to: (a) establishment of an additional location; (b) change in ownership, merger or change of type of institution (such as conversion from proprietary to private nonprofit); (c) increase in the level of academic offering beyond those listed in the Institution's Eligibility and Certification Approval Report (ECAR); (d) addition of any nondegree or short-term training program that is not within the immediate scope of programs listed in the ECAR; (e) change in the form of educational measurement; (f) change of Country authorizing agency or of primary accrediting agency; or (g) any waiver or recognition of regulatory exception.

If the Institution applies for the Secretary's approval of a substantial change, it must show good cause for making any such substantial change and, in the case of any change described in (a) through (d), the Institution must demonstrate that it has the financial and administrative resources necessary to assure the Institution's continued compliance with the standards of financial responsibility (34 CFR 668.15) and administrative capability (34 CFR 668.16).

Reasons and Special Conditions of Provisional Certification

Reinstatement of Certification

The Institution is reinstated to participate in Title IV, HEA programs, and is granted provisional certification for a period not to exceed three complete award years in which to demonstrate that it satisfies the standards of financial stability and administrative capability.

Application for Recertification

Upon completion of the period of provisional certification, if the Institution wishes to apply for recertification to participate in the Title IV, HEA programs, the Institution must submit a completed Application for Approval to Participate in Federal Student Financial Aid Programs (ED Form E40-34P), together with all required supporting documentation, no later than June 30, 2003.

Grant or Denial of Full Certification

Notwithstanding any paragraph above, the provisional certification ends upon the Department's notification to the Institution of the Department's decision to grant or deny a four year certification to participate in the Title IV, HEA programs.

GENERAL TERMS AND CONDITIONS

1. The Institution understands and agrees that it is subject to and will comply with the program statutes and implementing regulations for institutional eligibility as set forth in 34 CFR Part 600 and for each Title IV, HEA program in which it participates, as well as the general provisions set forth in Part F and Part G of Title IV of the HEA, and the Student Assistance General Provisions regulations set forth in 34 CFR Part 668.

The recitation of any portion of the statute or regulations in this Agreement does not limit Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico's obligation to comply with other applicable statutes and regulations.

2. Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico acknowledges and agrees that 34 CFR Part 602 requires legal authorization and approval of Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico by the country's authorized agency, commission, or statutory body and those agencies and Secretary may share or report information to one another about Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico without limitation.
3. Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico certifies that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by its country's government or by any approving agency as defined at 34 CFR Part 85, §§85.105 and 85.110.

SELECTED PROVISIONS FROM

GENERAL PROVISIONS REGULATIONS, 34 CFR PART 668

By entering into this Program Participation Agreement, the Institution agrees that:

(1) It will comply with all statutory provisions of or applicable to Title IV of the HEA, all applicable regulatory provisions prescribed under that statutory authority, and all applicable special arrangements, agreements, and limitations entered into under the authority of statutes applicable to Title IV of the HEA, including the requirement that the institution will use funds it receives under any Title IV, HEA program and any interest or other earnings thereon, solely for the purposes specified in and in accordance with that program;

(2) It will not request from or charge any student a fee for processing or handling any application, form, or data required to determine a student's eligibility for, and amount of, Title IV, HEA program assistance;

(3) It will establish and maintain such administrative and fiscal procedures and records as may be necessary to ensure proper and efficient administration of funds received from the Secretary or from students under the Title IV, HEA programs, together with assurances that the institution will provide, upon request and in a timely manner, information relating to the administrative capability and financial responsibility of the institution to--

(i) The Secretary;

(ii) The Country's regulatory bodies or any other agency for the country or countries in which the institution or any of the institution's branch campuses or other locations are located; and

(iii) A guaranty agency, as defined in 34 CFR part 682, that guarantees loans made under the Federal Stafford Loan, and Federal PLUS programs for attendance at the institution or any of the institution's campuses or other locations;

(4) It will comply with the provisions of §668.15 relating to factors of financial responsibility;

(5) It will comply with the provisions of §668.16 relating to standards of administrative capability;

(6) It will submit reports to the Secretary and, in the case of an institution participating in the Federal Family Education Loan (Federal Stafford Loan and Federal PLUS) Programs to the holders of loans made to the students with U.S. citizenship or eligible noncitizen status studying in that institution under this program at such times and containing such information as the Secretary may reasonably require to carry out the purpose of the Title IV, HEA programs.

(7) It will not provide any statement or certification to any student or lender under the Federal Stafford Loan or Federal PLUS Program that qualifies the student for a loan or loans in excess of the amount that the student is eligible to borrow in accordance with sections §§425(a), 428(a)(2), 428(b)(1)(A) and (B), and 428H of the HEA;

(8) It will comply with the requirements of Subpart D of 34 CFR part §§668.43 and 44 concerning institutional and financial assistance information for students and prospective students;

(9) In the case of an institution that advertises job placement rates as a means of attracting students to enroll in the institution, it will make available to prospective students, at or before the time that those students apply for enrollment, the most recent available data concerning employment statistics, graduation statistics, and any other information necessary to substantiate the truthfulness of the advertisements;

(10) In the case of an institution seeking to participate for the first time in the Federal Stafford Loan, and Federal PLUS Program, the institution has included a default management plan as part of its application under §668.12 for participation in those programs and will use the plan for at least two years from the date of that application;

(11) In the case of an institution that changes ownership that results in a change of control, or that changes its status as a main campus, or an additional location, the institution will, to participate in the Federal Stafford Loan and Federal PLUS Programs, develop a default management plan for approval by the Secretary and implement the plan for at least two years after the change in control or status. The Secretary considers the requirements of this paragraph to be satisfied by a default management plan developed in accordance with the default reduction measures described in Appendix D to 34 CFR part 668;

(12) The Secretary, guaranty agencies, and lenders as defined in 34 CFR Part 682, country's authorized government agencies that legally authorize institutions and branch campuses or other locations to provide the postsecondary education, have the authority to share with each other any information pertaining to the institution's eligibility for or participation in the Title IV, HEA programs or any information on fraud and abuse;

(13) It will not impose any penalty, including, but not limited to, the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that the student borrow additional funds for which interest or other charges are assessed, on any student because of the student's inability to meet his or her financial obligations to the institution as a result of the delayed disbursement of the proceeds of a Title IV, HEA program loan due to compliance with statutory and regulatory requirements of or applicable to the Title IV, HEA programs, or delays attributable to the institution;

(14) It will not provide, nor contract with any entity that provides, any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any persons or entities engaged in any student recruiting or admission activities or in making decisions regarding the awarding of student financial assistance, except that this requirement shall not apply to the recruitment of foreign students residing in foreign countries who are not eligible to receive Federal Student Assistance. This provision does not apply to the giving of token gifts to students or alumni for referring students for admission to the institution as long as: the gift is not in the form of money, check, or money order, nor more than one such gift is given to any student or alumnus, and the gift has a value of not more than \$25;

(15) It will meet the requirements established pursuant to Part H of Title IV of the HEA by the Secretary, country's legally recognized authorized agencies;

(16) It will comply with the refund policy established in 34 CFR Part 668.22;

(17) It is liable for all improperly administered funds received or refunded under the Title IV, HEA programs, including any funds administered by a third-party servicer;

(18) The Institution is required to compile and make available information about security policies and crime statistics in accordance with 34 CFR §668.47 and §485(f) of the HEA;

(19) (i) This Agreement becomes effective on the date that the Secretary signs the Agreement;

(ii) This Agreement supersedes any prior Agreement between the Secretary and the Institution;

(20) a. With respect to an institution that has been certified *other than under a provisional certification*--

(1) Except as provided in paragraphs b. and c. of this section, the Secretary terminates this Agreement through the proceedings in Subpart G of 34 CFR §668;

(2) An Institution may terminate this Agreement;

(3) If the Secretary or the Institution terminates this Agreement under paragraph (a) of this section, the Secretary establishes the termination date;

b. With Respect to an Institution that has been *provisionally certified*, the Secretary revokes a provisional certification through the proceedings in 34 CFR §668.13(f);

(iii) An Institution's program participation agreement automatically expires on the date that--

(1) The Institution changes ownership that results in a change in control as determined by the Secretary

under 34 CFR Part 600, or

(2) The Institution's participation ends under the provisions of 34 CFR §668.26(a)(1), and (2)

(a) An Institution's program participation Agreement no longer applies to or covers a location of the Institution as of the date on which that location ceases to be a part of the participating Institution.

IN WITNESS WHEREOF

the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

Signature of Institution's
Chief Executive Officer: _____

Date: 25 October 2000.

Print Name and Title: Humberto Filizola Haces

Chancellor

For the Secretary:
U.S. Department of Education

M. Steven Cooul

Date: Nov. 17, 2000



UNITED STATES DEPARTMENT OF EDUCATION
FEDERAL STUDENT AID
SCHOOL ELIGIBILITY CHANNEL
APPLICATION, SCHOOL ELIGIBILITY AND DELIVERY SERVICES
WASHINGTON, DC 20202-5340

August 25, 2003

President/Chancellor/Rector
Universidad Autonoma De Tamaulipas Facultad De Medicina De Tampico
Centro Universitario Tampico-Madero
Tampico, Tamaulipas 89339
MEXICO

OPEID: 01230100

Dear President/Chancellor/Rector:

Thank you for your continued participation in the Federal Family Education Loan (FFEL) Programs offered through the United States Department of Education (Department). The FFEL Programs provide eligible U.S. students with financial assistance to attend schools that the U.S. Secretary of Education certifies as meeting statutory eligibility requirements. Our Office of Postsecondary Education (OPE) has recently issued a letter that reminds participating foreign schools of some of these requirements. We have enclosed a copy of that letter for you to review. Please ensure your school has implemented each of these requirements. The letter from OPE also stated that if your school needed to submit missing compliance or financial statements, a separate letter would be sent with instructions for the next steps. This is that separate letter.

To fulfill audit requirements for past periods, your institution is required to submit compliance audits covering your institution's three most recently completed fiscal years (e.g., if your fiscal year ends December 31, we will expect submission of audits covering January 1, 1999 through December 31, 2002; or if your fiscal year ends June 30, we will expect submission of audits covering July 1, 1999 through June 30, 2002.) Your institution must also submit audited financial statements for the fiscal years ending 2001 and 2002. We have indicated below the audit reports and audited financial statements for past periods that your institution is required to submit and additional information about these requirements. If a box is not checked, we have already received that report or statement.

FFEL Funds Received¹

<input checked="" type="checkbox"/>	FYE 2002 Compliance Audit	\$37,000.00
<input checked="" type="checkbox"/>	FYE 2001 Compliance Audit	\$645,625.00
<input type="checkbox"/>	FYE 2000 Compliance Audit	\$0.00
<input checked="" type="checkbox"/>	FYE 2002 Audited Financial Statement	\$37,000.00
<input type="checkbox"/>	FYE 2001 Audited Financial Statement	\$645,625.00

¹The FFEL Funds Received figures identified here are for the U.S. Federal Fiscal Year Ending (FYE) September 30. Your auditor will audit FFEL funds received during your school's fiscal year. Therefore, the figures presented here are only an approximation of the amount of FFEL funds that students attending your institution received during your fiscal year. The actual amount of FFEL funds provided to students attending your school for your FYE 2000, 2001 and 2002 will be provided on request to your auditor in accordance with the General Planning Considerations, Section 1.7.1 of the *Foreign School Audit Guide*. The *Guide* is discussed below.

Additional Information Regarding the Annual Compliance Audit Requirement

The annual submission of a compliance audit is required by Section 487(c) of the Higher Education Act of 1965, as amended (HEA), 20 U.S.C. § 1094(e), and Section 668.23 of Title 34 of the Code of Federal Regulations (C.F.R.). The Department has developed a separate *Foreign School Audit Guide (Guide)*, to specifically address foreign school audit requirements. That *Guide* is now posted as Item No. B.18 at the following website:

<http://www.ed.gov/offices/OIG/nonfed/sfa.htm>

For each fiscal year in which students at your school received less than \$500,000 in FFEL funding, you are authorized by Section 4 of the *Guide* to submit an Alternative Compliance Engagement, which includes fewer audit steps, instead of the full compliance audit specified in Section 3 of the *Guide*. For each fiscal year in which students at your school received \$500,000 or more in FFEL funding, you are required to submit annual compliance audits performed in accordance with the Standard Compliance Engagement requirements described in Section 3 of the *Guide*.

As noted in the *Guide*, the compliance audits or Alternative Compliance Engagement should be conducted in accordance with the applicable standards contained in the Government Auditing Standards (GAS) issued by the Comptroller General of the United States. The GAS standards can be obtained at the following website:

<http://www.gao.gov/govaud/ybk01.htm>

The *Guide* provides that non-U.S. auditors (i.e. not licensed in the U.S) need not comply with the Continuing Education and External Quality Control Review requirements of GAS, although the auditor is required to amend the report to disclose the auditor's non-compliance with the requirements. A non-US auditor should likewise specifically disclose any other areas of non-compliance with GAS requirements when preparing the report. The Department will determine whether to accept compliance audits not conducted in full accordance with GAS.

Additional Information About Annual Financial Statement Requirement

The annual submission of an audited financial statement is described in Section 668.15 of Title 34 of the Code of Federal Regulations (C.F.R.). Essentially, Section 668.15(h) of Title 34 CFR states that for each FY in which your school's students received less than \$500,000 in FFEL funding, the audited financial statements you submit may be prepared in accordance with the auditing standards and generally accepted accounting principles of your home country. In the alternative, financial submissions prepared in accordance with U.S. auditing standards and generally accepted accounting principles are also accepted.

If the financial statements are prepared in a language other than English, an English language translation of the financial statement descriptors and footnotes, and the auditor's report must be provided.

Your auditor will note that on Page 1-3 of the *Foreign School Audit Guide* it states that:

If the IPA has been engaged to perform audits under this Guide for the same school for more than one fiscal year, separate reports should be issued for each fiscal year. Samples should be drawn from universes defined for each fiscal year, and minimum sample sizes described in this Guide apply to universes for each individual fiscal year.

For the compliance audits of prior periods discussed above, we will not reject a report that covers more than one fiscal year, provided that audit samples are drawn from universes defined for each individual fiscal year covered in the audit, and minimum sample sizes described in the Guide are applied to the universes for each individual fiscal year. Future submissions should cover individual fiscal years, as required by the Guide.

Submission Requirements

Both the compliance audit and audited financial statements are due each year and must be submitted to the Department no later than six months after the end of your fiscal year (e.g., if your fiscal year ended December 31, 2002, we would expect submission of both reports no later than June 30, 2003).

To comply with this request for the three annual compliance audits (FYE 2000, FYE 2001, FYE 2002), your institution must submit all missing compliance audits for the past three years. After this one time three-year period submission, all compliance audits must be submitted annually and no later than six months following the end of your institution's fiscal year. Since the six-month submission requirement has now passed for all FYE 2002 compliance and financial statement audits, your institution will be granted an extension to December 1, 2003, to submit these required reports. In addition to submitting these audits by the required date, your institution must also submit a letter to the Department within 45 days of the date of this letter demonstrating that it has engaged an auditor to perform these audits.

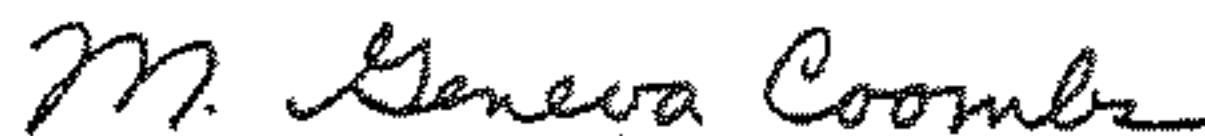
Therefore, your institution should immediately engage an independent auditor to perform the required Alternative Compliance Engagement and, if not already completed, the financial statement audits for the FYE 2001 and FYE 2002. These audit reports must be submitted to the following address:

U.S. Department of Education
Federal Student Aid
Application, School Eligibility and Delivery Services
School Eligibility Channel
Document Receipt and Control Center
Union Center Plaza
830 First Street, NE, Room 73D2
Washington, DC 20002

U.S. Department of Education regulations provide for administrative actions if institutions participating in the Federal Student Aid programs do not submit required financial statements and compliance audits.

If you have any questions regarding these requirements, please contact the Foreign Schools Team at (202) 377-3168 or fsa.foreign.schools.team@ed.gov. Thank you for your cooperation in complying with these requirements. We look forward to working with your institution.

Sincerely,



M. Geneva Coombs, Director
Case Management Teams – Northeast

Enclosure

cc: Financial Aid Contact Office



Universidad Autónoma de Tamaulipas
Facultad de Medicina de Tampico

TAMPICO, TAM. TELS. 27-06-78 Y 27-06-88, APDO. POSTAL. C-55 CODIGO POSTAL 89359

ROAD BELLEZA PRODRIDAD

U.S. Department Of Education
Institutional Participation Division
Room 3522
7th and D Streets, SW-GSA Building
Washington, DC 20407

To Whom it may concern:

Thank you very much for sending us the application for recertification to participate in Federal Student Financial Aid Programs. The manner in which the package was sent is well appreciated.

We Understand that our application must be submitted no later than 90 calender days before our PPA expires. We have enclosed all verification documents requested. We entend to always comply with all of the United States Department of Education's laws and regulations. Furthermore, we entend to continue to collaborate with you in providing quality education.

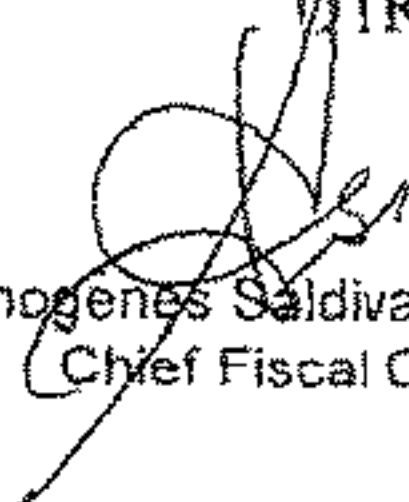
Sincerely,

Ing. M.C. Humberto F. Filizola Haces
Chancellor



FACULTAD DE MEDICINA
DE TAMPICO
DIRECCION


Dr. Luis F. Galindo Arguelles
Financial Aid Director


Dr. Atenogenes Saldivar Gonzalez
Chief Fiscal Officer



Universidad Autónoma de Tamaulipas
Facultad de Medicina de Tampico

TAMPICO, TAM. TELB. 27-05-78 Y 27-05-86, APDO. POSTAL. C-33 CODIGO POSTAL 89339

VERDAD BELLEZA PROGRESO

U.S. Department Of Education
Institutional Participation Division
Room 3522
7th and D Streets, SW-GSA Building
Washington, DC 20407

To Whom it may concern:

Thank you very much for sending us the application for recertification to participate in Federal Student Financial Aid Programs. The manner in which the package was sent is well appreciated.

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Sincerely,

Ing. M.C. Humberto F. Filizola Haces
Chancellor



FACULTAD DE MEDICINA
DE TAMPICO
DIRECCION

Dr. Luis F. Galindo Arguelles
Financial Aid Director

Dr. Atenogenes Saldivar Gonzalez
Chief Fiscal Officer

Decisions of the National Committee on Foreign Medical Education and Accreditation (NCFMEA)

Countries Determined to Have Comparable Standards:

Australia
Canada
Denmark
Grenada
Hungary
India
Ireland
Pakistan
United Kingdom

Countries Determined *NOT* to have Comparable Standards:

Antigua	Greece	Poland
Austria	Honduras	Romania
Belgium	Iceland	Saint Lucia
Bolivia	Italy	Saint Maarten
Chile	Korea	Spain
Colombia	Lebanon	South Africa
Costa Rica	Montserrat	Sweden
Croatia	Myanmar (formerly	Switzerland
Ecuador	Burma)	Taiwan
Egypt	The Netherlands	Thailand
France	Norway	



UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF POSTSECONDARY EDUCATION
CASE MANAGEMENT DIVISION - NORTHEAST
FOREIGN SCHOOLS TEAM
WASHINGTON, DC 20202-5340

August 14, 1997

SENT REGISTERED MAIL
RETURN RECEIPT REQUESTED
OPE ID: 01230100

President
Universidad Autonoma De Tamaulipas Fac De Medicina
Matamoros y Calle 8
Ciudad Universitaria
Cuidad Vicytoria, Tamps. MEXICO
87000

Dear President:

This purpose of this letter is to inform you that the Program Participation Agreement (PPA) of Universidad Autonoma De Tamaulipas Fac De Medicina (Institution) with the Secretary of the U. S. Department of Education (Department) that allowed the Institution, located at Matamoros y Calle 8, Ciudad Universitaria, Cuidad Vicytoria, Tamps., MEXICO, to participate in student financial assistance programs under Title IV of the Higher Education Act expired on July 23, 1997. As of that date, the Institution no longer is able to participate in any of the federal student financial assistance programs administered by the Department.

In the Department's letter to you of March 1997, we advised that the Higher Education Act requires that all Program Participation Agreements (PPAs) expire in accordance with a schedule set by the Department, but in any event no later than July 23, 1997. The letter notified you that the Department set the expiration date for your PPA as July 23, 1997. The letter further advised that if the Institution wished to continue to participate beyond the expiration date, it must submit a timely application for recertification.

As of the date of this letter, the Institution has not submitted an application in response to our March 1997 letter. Therefore, the Institution's PPA expired on July 23, 1997. **If your institution did submit a recertification application on or before July 23, 1997, and you have verification of mailing [e.g., express or registered mail receipt], please contact the Department immediately.**

The Institution may submit an application for reinstatement to participate in the federal student financial assistance programs. If the institution submits an application, it may not participate until approved by the Department. An institution that applies to the Department for reinstatement will be treated as a new applicant and, if approved, will be given a new, not retroactive, approval date.

If your institution is a foreign graduate medical school, or if it is a university with a foreign graduate medical school, department or faculty, in order for the institution to be recertified, the institution must be located in a country whose standards of accreditation for medical schools has been determined to be comparable to the standards of accreditation of U. S. medical schools. The U.S. Secretary of Education has appointed a panel of medical experts, the National Committee on Foreign Medical Education and Accreditation (NCFMEA), to make these determinations.

The NCFMEA has met and begun evaluating accreditation standards, and countries have been notified. A listing of countries currently found to be comparable is enclosed. If your country's standards have not yet been reviewed by the NCFMEA, your institution's application for recertification will be evaluated on the merits of its compliance with all other eligibility and certification requirements. If the institution meets these standards, it will be granted provisional approval to participate in Title IV, student financial assistance programs until such time as the country's medical school accreditation standards can be reviewed by the NCFMEA.

If your institution is a university with a department or faculty of medicine, the same criteria apply; however, if your country's medical school accreditation standards have been determined not to be comparable to U. S. standards of medical school accreditation, only the medical school will be prohibited from participating in the Federal Family Education Loan (FFEL) program. The university, exclusive of the medical school, will be evaluated for eligibility and certification on the basis of the university's compliance with regulatory requirements for participation in Higher Education Act programs.

When an institution loses its eligibility and its participation ends, it must:

1. Submit to the Secretary within 45 days after the date that the participation ends:
 - a) All financial, performance, and other reports required by the appropriate Title IV student financial assistance program regulations, as amended;
 - b) A letter of engagement for an independent audit of all funds that the institution received under the Title IV programs for the period July 1, 1994 - July 23, 1997. (If audits for any portion of this period have been submitted, the close-out audit must cover the period since the latest submitted audit.) The audit report is due 45 days after the date of the letter of engagement.

2. Return to the appropriate lenders any Federal Family Education Loan program proceeds that the institution has received but not delivered to, or credited to the accounts of, U. S. students attending the institution (except for proceeds that may be delivered pursuant to 34 CFR § 668.26(d)(2)).
3. Inform the U. S. Secretary of Education of the arrangements that the institution has made for the proper retention and storage, for a minimum of three years, of all records concerning the administration of the Title IV programs.
4. Distribute refunds of unearned tuition and fees and payments for institutional charges according to 34 CFR § 668.22.

The institution must submit a copy of the "close-out" audit described under paragraph 2 of this letter to the following address:

If by your country's postal service delivery

**U. S. Department of Education
Institutional Participation and
Oversight Service
Case Management Division-Northeast
P. O. Box 44805
L'Enfant Plaza Station
Washington, DC 20026-4805**

By Commercial overnight/courier delivery

**U. S. Department of Education
Institutional Participation and
Oversight Service
Case Management Division -Northeast
GSA Building, Room 3717
Washington, DC 20407
Attention: Audit Resolution**

In the absence of a close-out audit, it is the Department's policy to assess a liability equal to the amount of Title IV funds received by an institution during the unaudited period.

American students may contact the guaranty agencies that guaranteed their loans for repayment information.

Ms. Janet L. Buntebart, Team Leader, Foreign Schools, will be your institution's contact for any questions you may have concerning this process. You may contact Ms. Buntebart at (202) 205-0183, or by mail to the following address:

**U. S. Department of Education
Office of Postsecondary Education
Institutional Participation and Oversight Service
Case Management Division-Northeast
Foreign Schools Team
600 Independence Avenue, SW
Washington, DC 20202-5340**

Telephone: (202) 205-0183

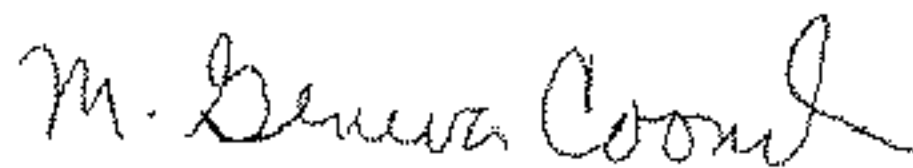
FAX: (202) 708-9257

Email address: IPOS@ed.gov

You should respond within 15 days of receipt of this letter notifying Ms. Buntebart of your plans to fulfill your obligations. If you are unable to submit your Title IV audit as required, you should also contact Ms. Buntebart. Please also advise her of the arrangements you have made for proper record retention and storage and the date all outstanding refunds of unearned tuition and fees will be paid.

If you have any questions about this withdrawal of eligibility to participate in the Department's student financial assistance programs, please contact the Foreign Schools Team at the above address and/or telephone number.

Sincerely,



M. Geneva Coombs
Director

Enclosure

cc: Director, [appropriate Quadrant] Division
Director, Administrative Actions & Appeals Division
Director, FFEL, Accounting & Financial Management Division
Director, Guaranteed Student Loan Systems Division
Chief, Information Section, TPID
Chief, Loans and Accounts Receivable Branch, FMS
Regional Case Team, IPOS
Guaranty Agency
Director, Performance Improvement & Procedures Division

WORLD
DIRECTORY



OF MEDICAL
SCHOOLS

SIXTH EDITION



WORLD HEALTH ORGANIZATION

Academic year 1983-1984

No. of first year admissions (6)	Total enrollment (7)	No. of graduates (8)	No. of teaching staff (9)
N m 142 f 101 F —	N m 853 f 513 F m 14	N m 75 f 50 F —	pt 17 pt 94
N m 27 f 12 F m 1	N m 19 f 10 F m 1	N m 17 f 7 F m 1	pt 36
N m 56 f 48 F m 3 f 3	N m 224 f 173 F m 16 f 11	N m 67 f 31 F m 4 f 2	pt 10 pt 59
N m 85 f 46 F f 1	N m 348 f 174 F	N m 56 f 26 F	pt 28 pt 68

Name and address (1)	Year instruction started (2)	Conditions of admission (3)	Curriculum (4)	No. of hospital beds (5)	Academic year 1983-1984			
(1)	(2)	(3)	(4)	(5)	No. of first year admissions (6)	Total enrollment (7)	No. of graduates (8)	No. of teaching staff (9)
SINALOA Escuela de Medicina, Universidad Autónoma de Sinaloa, Angel Flores 335 Poniente, CULIACÁN	1977	..	..	..	..	..	..	..
TABASCO Escuela de Medicina Humana, Universidad "Juárez" Autónoma de Tabasco, Gregorio Mendez No. 2838, Colonia Tamulte, 86150 VILLAHERMOSA	1959	(a) Yes (b) Yes (c) Yes (d) Yes (e) No (f) No	(a) No (b) Yes (c) Yes (d) Yes (e) Yes (f) No	100	N m 50 f 30 F —	N m 500 f 200 F m 24 f 21	N m 40 f 6 F m 1	pt 30 pt 53
TAMAULIPAS Escuela de Medicina, Universidad México-Americana del Norte, Guerrero No. 1317, Colonia del Prado, 88630 CIUDAD REYNOSA	1962	(a) Yes (b) No (c) Yes (d) Yes (e) No (f) No	(a) Yes (b) Yes (c) Yes (d) Yes (e) 1982 (f) ..	..	N m 45 f 15 F m 20 f 10	N m 45 f 15 F m 20 f 10	—	pt 6
Escuela de Medicina, Universidad Valle del Bravo, Hospital Universitario, Calle Septima y Rio Mante, Colonia Longoria, CIUDAD REYNOSA	1976	(a) Yes (b) No (c) No (d) Yes (e) No (f) No	(a) Yes (b) Yes (c) Yes (d) Yes (e) 1980 (f) Yes	..	N m 24 f 17 F m 13 f 3	N m 173 f 147 F m 32 f 15	—	pt 29
Facultad de Medicina, Universidad Autónoma de Tamaulipas, Unidad Matamoros, Sendero Nacional Km. 3, Apartado Postal 2005, MATAMOROS	1972	(a) Yes (b) Yes (c) Yes (d) Yes (e) No (f) No	(a) Yes (b) Yes (c) Yes (d) Yes (e) 1972 (f) Yes	240	N m 36 f 19 F m 3 f 1	N m 164 f 116 F m 52 f 26	N m 39 f 16 F m 5 f 1	pt 24 pt 45
Facultad de Medicina, Universidad Autónoma de Tamaulipas, Centro Universitario Tampico-Madero, Apartado Postal C-33, 89339 TAMPICO	1950	(a) Yes (b) Yes (c) Yes (d) Yes (e) No (f) No	(a) Yes (b) Yes (c) Yes (d) Yes (e) Yes (f) Yes	730	N m 51 f 48 F f 1	N m 311 f 218 F m 2 f 1	N m 63 f 52 F —	pt 7 pt 117

ASOCIACION MEXICANA DE FACULTADES Y ESCUELAS DE MEDICINA, A.C.

CONSEJO DIRECTIVO 1997-1999

PRESIDENTE

M.C. ENRIQUE AGUIRRE HUACUJA
Facultad de Estudios Superiores Zaragoza
Universidad Nacional Autónoma de México

VICEPRESIDENTA

DRA. ZETA MELVA TRIANA DE ARREOLA
Dirección de Ciencias de la Salud
Universidad de Sonora

PRIMER VOCAL

DR. RODOLFO GARCIA MONTOYA
Facultad de Medicina
Universidad Autónoma de Tlaxcala

SEGUNDO VOCAL

M. EN C. PATRICIA HERNANDEZ GUTIERREZ
Facultad de Medicina
Universidad Juárez del Estado de Durango

SECRETARIO EJECUTIVO-TESORERO

DR. J. ANTONIO MORENO SANCHEZ
Facultad de Estudios Superiores Zaragoza
Universidad Nacional Autónoma de México

SECRETARIO ACADEMICO

DR. G. JUAN HERNANDEZ HERNANDEZ
Facultad de Estudios Superiores Zaragoza
Universidad Nacional Autónoma de México

Dr. Karen W. Kershenstein
Director Accreditation and Eligibility
Determination Division U.S.
Department of Education

Dear Dr. Kershenstein:

I am sending you the report that shows the present condition of accreditation of Medicine Schools and Faculties in Mexico, this information is assembled in 4 chapters, containing the following:

- I. 13 accredited medical education institutions.
- II. Institutions requesting accreditation review and having a scheduled date of visit.
- III. Faculties requesting accreditation review, but they still do not fulfill the requirements. For this reason, there is no a date for an accreditation review.
- IV. The other 34 schools affiliated to our association have not requested an accreditation review.

I hope this information will be very useful, and best regards,

SINCERELY
Mexico, D.F., August 25, 1998.


Dr. Enrique Aguirre Huacuja
President

ASOCIACION MEXICANA DE FACULTADES Y ESCUELAS DE MEDICINA, A.C.

CONSEJO DIRECTIVO 1997-1999

PRESIDENTE

MC. ENRIQUE AGUIRRE HUIACUJA
Facultad de Estudios Superiores Zaregoza
Universidad Nacional Autónoma de México

VICEPRESIDENTA

DRA. ZETA MELVA TRIANA DE ARREOLA
Dirección de Clínica de la Salud
Universidad de Monterrey

PRIMER VOCAL

DR. ROOLFO GARCIA MONTONA
Facultad de Medicina
Universidad Autónoma de Zacatecas

SEGUNDO VOCAL

ML EN C. PATRICIA HERRERA GUTIERREZ
Facultad de Medicina
Universidad Juárez del Estado de Durango

SECRETARIO EJECUTIVO-TESORERO

DR. J. ANTONIO MORENO SANCHEZ
Facultad de Estudios Superiores Zaregoza
Universidad Nacional Autónoma de México

SECRETARIO ACADÉMICO

DR. G. JUAN HERNANDEZ HERNANDEZ
Facultad de Estudios Superiores Zaregoza
Universidad Nacional Autónoma de México

I. Reviewed and Accredited Schools

School or Faculty Date	Reviewed Date	Accreditation
1. Medical Faculty Universidad Autónoma del Estado De México	April 10 - 12 1996	August 23 1996
2. Medical Faculty Universidad de Colima	June 7 - 10 1996	October 31 1996
3. Medical School "Ignacio A. Santos" Instituto Tecnológico de Estudios Superiores Monterrey	September 10 - 13 1996	November 1 1996
4. Medical Faculty of Leon Universidad de Guanajuato	November 24 - 27 1996	January 10 1997
5. Health Science Division Universidad de Monterrey	January 29 - 31 February 1 1997	February 28 1997
6. Medical Faculty Universidad Autónoma de Querétaro	February 14 - 15 1997	March 14 1997
7. Medical Faculty Universidad Popular Autónoma del Estado de Puebla	March 4 - 8 1997	April 11 1997
8. Medical Faculty Universidad Autónoma de Nuevo León	June 22 - 26 1997	August 27 1997
9. Medical Faculty Universidad Autónoma de Yucatán	June 22 - 25 1997	September 28 1997
10. Medical Faculty Universidad Nacional Autónoma de México	August 31 September 1 - 5 1997	November 6 1997
11. Medical School Universidad Autónoma de Coahuila Unidad Saltillo	October 15 - 18 1997	March 19 1998

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Universidad de Monterrey**PRIMER VOCAL**DR. RODOLFO GARCIA MONTOYA
Facultad de Medicina
Universidad Autónoma de Zacatecas**SEGUNDO VOCAL**M. EN C. PATRICIA HERRERA GUTIERREZ
Facultad de Medicina
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Facultad de Estudios Superiores Zaragoza
Universidad Nacional Autónoma de México

School or Faculty Date	Reviewed Date	Accreditation
12. National School of Professional Studies Iztacala Universidad Nacional Autónoma de México	November 12 - 14 1997	April 3 1998
13. Medical Faculty Universidad Autónoma de Chihuahua	May 26 - 29 1998	August 7 1998

II. Faculty scheduled for an accreditation review.Medical Faculty
Universidad Veracruzana
Unidad XalapaSeptember 23 - 25
1998

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 Universidad Juárez del Estado de Durango

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III. Faculties or schools requesting an accreditation review, but they still do not fulfill the requirements.

- 1 **Medical Faculty**
Universidad Autónoma de Coahuila
Unidad Torreón
- 2 **Medical Faculty**
Universidad Juárez del Estado de Durango
Unidad Durango
- 3 **Medical Faculty**
Universidad Juárez del Estado de Durango
Unidad Gómez Palacio
- 4 **Medicine Career**
Facultad de Estudios Superiores Zaragoza
Universidad Nacional Autónoma de México

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SECRETARIO ACADEMICO
DR. G. JUAN HERNANDEZ HERNANDEZ
 Facultad de Estudios Superiores Zaragoza
 Universidad Nacional Autónoma de México

IV. Faculties or schools that have not requested an accreditation review.

- 1 Biomedical Center
Universidad Autónoma de Aguascalientes
- 2 Medical School
Centro de Estudios Universitarios Xochicalco ✓
- 3 Medical School
Universidad Autónoma de Baja California
Unidad Mexicali
- 4 Medical School
Universidad Autónoma de Baja California
Unidad Tijuana
- 5 Medical Faculty
Universidad Autónoma de Campeche
- 6 Medical Faculty
Universidad Autónoma de Chiapas
- 7 Medical School
Universidad Autónoma de Ciudad Juárez ✓
- 8 Medicine Career
Instituto Politécnico Nacional
Centro Interdisciplinario de Ciencias de la Salud
- 9 Medicine and Homeopathy National School
Instituto Politécnico Nacional
- 10 Superior School of Medicine
Instituto Politécnico Nacional
- 11 Medicine Caree
Universidad Autónoma Metropolitana
Plantel Xochimilco

ASOCIACION MEXICANA DE FACULTADES Y ESCUELAS DE MEDICINA, A.C.

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- | | | |
|---|-----------|---|
| <p>PRESIDENTE
 MC. ENRIQUE AGUIRRE HUACLLA
 Facultad de Estudios Superiores Zaragoza
 Universidad Nacional Autónoma de México</p> | <p>12</p> | <p>Medical Military School
 Universidad del Ejército y Fuerza Aérea</p> |
| <p>VICEPRESIDENTA
 DRA. ZELMELIA TRIANA DE APREOLA
 División de Ciencias de la Salud
 Universidad de Monterrey</p> | <p>13</p> | <p>Mexican Medical Faculty
 Universidad La Salle</p> |
| <p>PRIMER VOCAL
 DR. RODOLFO GARCIA MONTOYA
 Facultad de Medicina
 Universidad Autónoma de Zacatecas</p> | <p>14</p> | <p>Medical School
 Universidad Anáhuac</p> |
| <p>SEGUNDO VOCAL
 M. EN C. PATRICIA HERRERA GUTIERREZ
 Facultad de Medicina
 Universidad Juárez del Estado de Durango</p> | <p>15</p> | <p>Medical School
 Universidad Autónoma del Estado de Hidalgo</p> |
| <p>SECRETARIO EJECUTIVO-TESORERO
 DR. J. ANTONIO MORENO SANCHEZ
 Facultad de Estudios Superiores Zaragoza
 Universidad Nacional Autónoma de México</p> | <p>16</p> | <p>Medical Faculty
 Universidad Autónoma de Guadalajara</p> |
| <p>SECRETARIO ACADEMICO
 DR. Q. JUAN HERNANDEZ HERNANDEZ
 Facultad de Estudios Superiores Zaragoza
 Universidad Nacional Autónoma de México</p> | <p>17</p> | <p>Medicine Career
 Universidad de Guadalajara</p> |
| | <p>18</p> | <p>Medical Faculty "Dr. Ignacio Chávez"
 Universidad Michoacana de San Nicolás de Hidalgo</p> |
| | <p>19</p> | <p>Medical School
 Universidad Autónoma del Estado de Morelos</p> |
| | <p>20</p> | <p>Medical School
 Universidad Autónoma de Nayarit</p> |
| | <p>21</p> | <p>Medicine Career
 Universidad de Morelos</p> |
| | <p>22</p> | <p>Medical Faculty
 Universidad Autónoma "Benito Juárez" de Oaxaca</p> |
| | <p>23</p> | <p>Medical and Surgery School
 Universidad Regional del Sureste</p> |
| | <p>24</p> | <p>Medical Faculty
 Benemérita Universidad Autónoma de Puebla</p> |
| | <p>25</p> | <p>Medical Faculty
 Universidad Autónoma de San Luis Potosí</p> |
| | <p>26</p> | <p>Medical School
 Universidad Autónoma de Sinaloa</p> |

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PRESIDENTE M.C. ENRIQUE AGUIRRE HUACUA Facultad de Estudios Superiores Zaragoza Universidad Nacional Autónoma de México	27	Medicine Career Universidad Juárez Autónoma de Tabasco
VICEPRESIDENTA DRA. ZETA MELVA TRIANA DE ARREOLA División de Ciencias de la Salud Universidad de Monterrey	28	Medical Faculty Universidad Valle del Bravo
PRIMER VOCAL DR. RODOLFO GARCIA MONTOYA Facultad de Medicina Universidad Autónoma de Zacatecas	29	Medical Faculty Universidad Autónoma de Tamaulipas ✓ Unidad Tampico
SEGUNDO VOCAL M. EN C. PATRICIA HERRERA GUTIERREZ Facultad de Medicina Universidad Juárez del Estado de Durango	30	Medical School Universidad del Noroeste
SECRETARIO EJECUTIVO-TESORERO DR. J. ANTONIO MORENO SANCHEZ Facultad de Estudios Superiores Zaragoza Universidad Nacional Autónoma de México	31	Medical School Universidad México Americana del Norte ✓
SECRETARIO ACADEMICO DR. G. JUAN HERNANDEZ HERNANDEZ Facultad de Estudios Superiores Zaragoza Universidad Nacional Autónoma de México	32	Medical Faculty Universidad Veracruzana Unidad Cd. Mendoza
	33	Medical Faculty Universidad Veracruzana Unidad Minatitlán
	34	Medical Faculty Universidad Veracruzana Unidad Poza Rica
	35	Medical Faculty Universidad Veracruzana Unidad Veracruz
	36	Medical Faculty Universidad Autónoma de Zacatecas



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SEND TO: (NAME) Malinda Arguella Luis TEL NO: 0115212 270586
Felipe MO.

FAX NO: 0115212 270576

ORGANIZATION: Universidad Autonoma de Sinaloa Facultad de
Tampico

SENT BY: Marcia Fediw, Program Analyst, Foreign Schools
Team, Case Management Division - Northeast

COMMENTS: The attached two page Agreement is an extremely important, time sensitive document. Please have the appropriate person sign and date the Agreement. Fax the Agreement immediately to the U.S. Department of Education (Department). Fax number (202) 708-9257 or (202) 708 -7091.

Additionally, two original copies of this Agreement will be sent to you via Federal Express. Please have the same person who signed the faxed Agreement sign both copies, date them with the SAME DATE of the copy faxed to the Department, and mail immediately to the Department's address listed in the Agreement. As soon as the two signed Agreements with original signatures, and the additional information we have requested are received by the Department, they will be countersigned and one copy of the Agreement will be mailed to you.

Your Institution's participation in the student financial aid programs will resume as soon as the Agreement is countersigned.

PLEASE NOTE: If we do not receive the faxed copy, the two mailed copies of the Agreement, and the additional information we requested, your Institution will remain ineligible, and U.S. students will not be eligible to receive U.S. federal financial aid to attend your Institution.

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REINSTATEMENTS 3

Pre-screening Checklist

Name of School Universidad Autonoma De Tamaulipas -
Facultad De Medicina De Tampico
OPE ID 01230100

Country Authorization in English yes

NO

Section E

Is E (e) completed? NO if yes, is question 27(a) completed? N/A

Is E (g or h) completed? ^{NO} if yes, is question 27(b) completed? N/A

Is E (i) completed? NO if yes, is question 27(c) completed? N/A

Are questions 41-45 (Section I) completed? yes

Is box above question 47 checked? yes If not checked, are questions 47-57 completed? NO

Original Signature yes

Sections A-M completed yes

2 yrs of Financial Statements NO

Catalogue (If the school fails any of the above, the please check for a Catalogue) NO yes

Loan Volume Amount 369,500

Analyst Diane O'Leary

Secretary Barbara Roberts

