

# Inter-Institutional Course Registration Form

## REGISTRATION RULES AND GUIDELINES

- Student must be enrolled full-time at his/her home institution.
- Requested class must not be offered by the home institution during term the student registers at one of the participating institutions.
- Requested class must be necessary for completion of graduate degree.
- Number of credits allowed per term/semester may vary depending on the policy of the host school.
- All approval signatures must be completed.
- Foreign students taking inter-institutional courses – You must check with your International Services Office regarding additional paperwork. Most host schools will require a copy of your I-20/DS-2019, visa stamp, passport ID page, and 1-94.

## FORM INSTRUCTIONS

1. Please print.
2. Select the course(s) using the host school's course schedule.
3. Fill out form completely.
4. Obtain approval from instructor for each course.
5. Obtain approval from academic advisor.
6. Obtain approval from graduate program director/dean/designee at home school.
7. Obtain approval from International Services Office (if applicable).
8. Obtain approval from home school official designee. Ask home school official if there are any additional required forms.
9. Obtain approval from host school registrar or official designee. Ask host school official if there are any additional required forms.
10. Provide a copy of completed form to home school official designee.
11. Provide copy of completed form to International Services Office at home school (if applicable).
12. Keep copy of form for your records.

## INSTITUTIONAL CONTACTS

University of Houston	Rice University	UT Health	UTMB	Baylor College of Medicine	Texas A&M HSC
Jay Hills Records Analyst (832) 842-9008 JEHills@uh.edu	Megan Riley Program Coordinator (713) 348-8032 megan.riley@rice.edu	Veve Fisher Senior Support Specialist (713) 500-3349 veve.fisher@uth.tmc.edu	Scott Boeh Registrar (409) 772-9803 wsboeh@utmb.edu	Melissa Houghton Administrative Associate (713) 798-4031 melissah@bcm.edu	Cynthia Lewis Program Coordinator (713) 677-7612 clewis@ibt.tamhsc.edu

## STUDENT INFORMATION

### Demographic Information

Name: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_  
Last Name First Name Middle Name

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Optional) (City, State, County)

Are you a US Citizen?  Yes  No

If not a U.S. citizen, what is your visa type and status? \_\_\_\_\_

Criminal background check (CBC) on file at home institution?  Yes  No

Please email Victoria P. Knutson (knutson@uth.tmc.edu) for CBC request forms. Completed forms should be sent back to the Office of Academic Affairs, Attn: Vicki Knutson.

### Race/Ethnicity (This section is optional)

Are you Hispanic/Latino?  Yes, Hispanic or Latino (including Spain)  No

Regardless of your answer to the previous question, select one or more of the following ethnicities that best describe you.

American Indian or Alaska Native (including all Original Peoples of the Americas)

Are you enrolled?  Yes  No If Yes, please list Tribal Enrollment Number: \_\_\_\_\_

Asian (including Indian subcontinent and Philippines)  Native Hawaiian or Other Pacific Islander (Original Peoples)

Black or African American (including Africa and Caribbean)  White (including Middle Eastern)

Please describe your background: \_\_\_\_\_

**INSTITUTION INFORMATION**

I am a full-time graduate student at:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Baylor College of Medicine         | <input type="checkbox"/> UT Health       | <input type="checkbox"/> MD Anderson Cancer Center       |
| <input type="checkbox"/> University of Houston              | <input type="checkbox"/> Rice University | <input type="checkbox"/> Texas A&M Health Science Center |
| <input type="checkbox"/> University of Texas Medical Branch |  |  |

I wish to enroll in a course or courses under the inter-institutional agreement at:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Baylor College of Medicine         | <input type="checkbox"/> UT Health       | <input type="checkbox"/> MD Anderson Cancer Center       |
| <input type="checkbox"/> University of Houston              | <input type="checkbox"/> Rice University | <input type="checkbox"/> Texas A&M Health Science Center |
| <input type="checkbox"/> University of Texas Medical Branch |  |  |

**COURSE INFORMATION**

Semester:  Spring 20\_\_  Fall 20\_\_  Summer 20\_\_  
(Summer semester not available at Rice.)

Subject/Course # <small>(e.g., MATH 212)</small>	Course Title <small>(e.g., Multivariable Calculus)</small>	Credit Hours	Instructor Signature	Date
			Program Administrator Signature (BCM Students Only):	

Subject/Course # <small>(e.g., MATH 212)</small>	Course Title <small>(e.g., Multivariable Calculus)</small>	Credit Hours	Instructor Signature	Date
			Program Administrator Signature (BCM Students Only):	

**APPROVALS**

_____	_____	_____
<i>Academic Advisor Signature</i>	<i>Academic Advisor Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Graduate Program Director/Dean/Designee Signature</i>	<i>Graduate Program Director/Dean/Designee Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Home Institution International Services Office Signature (if applicable)</i>	<i>Home Institution International Services Office Printed Name (if applicable)</i>	<i>Date</i>
_____	_____	_____
<i>Home School Registrar/Designee Signature</i>	<i>Home School Registrar/Designee Printed Name</i>	<i>Date</i>
_____	_____	_____
<i>Host School Registrar/Designee Signature</i>	<i>Host School Registrar/Designee Printed Name</i>	<i>Date</i>

**STUDENT SIGNATURE**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_