

Inter-Institutional Course Registration Form

REGISTRATION RULES AND GUIDELINES

- Student must be enrolled full-time between registration at home and host institutions.
- 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 institutions will require a copy of your I-20/DS-2019, visa stamp, passport ID page, and I-94. Some will require new documentation every semester.

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 (host institution) instructor for each course.
5. Obtain approval from (home institution) academic advisor.
6. Obtain approval from (home institution) 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

Jay Hills
(832) 842-9008
JEHills@uh.edu

Rice University

Marci Wilson
(713) 348-8032
mlw8@rice.edu

UT Health

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UTMB

Linda Pheanis
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Baylor College of

Melissa Houghton
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Texas A&M HSC

Cynthia Lewis
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STUDENT INFORMATION

Demographic Information

Name: _____ Gender: Male Female Date of Birth: _____
Last Name First Name Middle Name

Current 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 Karen Weinberg (karen.weinberg@uth.tmc.edu) for CBC request forms.

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 | Home Institution Student ID Number: _____ | |

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 | Host Institution Student ID Number (if previously attended): _____ | |

Host Institution Credit Hours Previously Completed (if previously attended): _____

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>

----- Obtain all above signatures before submitting this to the host school registrar. -----

_____	_____	_____
<i>Host School Registrar/Designee Signature</i>	<i>Host School Registrar/Designee Printed Name</i>	<i>Date</i>

STUDENT SIGNATURE

By signing submitting this agreement you: 1) confirm that you meet the criteria to participate in this program; 2) confirm that the information you have supplied is correct; 3) consent to having the host institution send your home institution a transcript at the conclusion of the semester/term in which you are enrolled.

Student Signature: _____ Date: _____