

Posted By: \_\_\_\_\_

Date Posted: \_\_\_\_\_

# Inter-Institutional Course Registration Form

## Inter-Institutional Registration Rules and Guidelines

- Requested class must not be offered by the home institution during term.
- 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 I-94.

## Instructions for Completing Inter-Institutional Registration Form

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 graduate program director/dean/designee at home school.
6. Obtain approval from International Services Office (if applicable).
7. Obtain approval from home school official designee. Ask home school official if there are any additional required forms.
8. Obtain approval from host school registrar or official designee. Ask host school official if there are any additional required forms.
9. Provide a copy of completed form to home school official designee.
10. Provide copy of completed form to International Services Office at home school (if applicable).
11. Keep copy of form for your records.

## Institutional Contacts

University of Houston	Rice University	UT Health	UTMB	Baylor College of Medicine
Jo Ann A. Medina	Alicia Bradley	Veve Fisher	Vicki Brewer	Melissa Houghton
Records Analyst	Student Records Analyst	Senior Support Specialist	Registrar	Registrar Appointee
(832)842-9112	(713) 348-8034	(713) 500-3349	(409) 266-9751	(713) 798-4031
jmedina4@uh.edu	abrad@rice.edu	veve.fisher@uth.tmc.edu	vbrewer@utmb.edu	melissah@bcm.edu

## Student Information (to be provided to host institution)

Student ID (if any): \_\_\_\_\_ Name: \_\_\_\_\_  
Last Name First Name M.I.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Gender: Male Female Not Reported Citizenship: \_\_\_\_\_

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

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

Regardless of your answer to the prior question, please 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 enter Tribal Enrollment Number \_\_\_\_\_ Please describe your background \_\_\_\_\_

☐ Asian (including Indian subcontinent and Philippines) Please describe your background \_\_\_\_\_

☐ Black or African American (including Africa and Caribbean) Please describe your background \_\_\_\_\_

☐ Native Hawaiian or Other Pacific Islander (Original Peoples) Please describe your background \_\_\_\_\_

☐ White (including Middle Eastern) Please describe your background \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Visa Status: \_\_\_\_\_

CBC (criminal background check) on file at home school: \_\_\_\_ 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.

## Inter-Institutional Registration Form cont'd.

Student Information	
<b>I am a full time graduate student at:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Baylor College of Medicine  <input type="checkbox"/> University of Houston  <input type="checkbox"/> University of Texas Medical Branch </div> <div style="width: 45%;"> <input type="checkbox"/> UT Health  <input type="checkbox"/> Rice University  <input type="checkbox"/> M.D. Anderson Cancer Center </div> </div>	
<b>I wish to enroll in a course(s) under the inter-institutional agreement at:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Baylor College of Medicine  <input type="checkbox"/> University of Houston  <input type="checkbox"/> University of Texas Medical Branch </div> <div style="width: 45%;"> <input type="checkbox"/> UT Health  <input type="checkbox"/> Rice University  <input type="checkbox"/> M.D. Anderson Cancer Center </div> </div>	

Course Information				
<b>Semester:</b> <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 20____				
Subject/Course #: <small>(e.g. MATH 212)</small>	Course Title: <small>(e.g. Multivariable Calculus)</small>	Credit Hours:	Instructor Signature:	Date:
<i>(BCM grad students only):</i>			Program Administrator Signature <i>(BCM grad students only):</i>	Date:
<input type="checkbox"/> UG course <input type="checkbox"/> GR course				
Subject/Course #: <small>(e.g. MATH 212)</small>	Course Title: <small>(e.g. Multivariable Calculus)</small>	Credit Hours:	Instructor Signature:	Date:
<i>(BCM grad students only):</i>			Program Administrator Signature <i>(BCM grad students only):</i>	Date:
<input type="checkbox"/> UG course <input type="checkbox"/> GR course				

Approval Section	
<b>Academic Advisor:</b> Name: _____ Signature/Date: _____ <div style="text-align: center; font-size: small; margin-top: 5px;"><i>Please Print</i></div>	
<b>Graduate Program Director/Dean/Designee (as required by your institution):</b> Name: _____ Signature/Date: _____ <div style="text-align: center; font-size: small; margin-top: 5px;"><i>Please Print</i></div>	
<b>Home Institution International Services Office (if applicable):</b> Name: _____ Signature/Date: _____ <div style="text-align: center; font-size: small; margin-top: 5px;"><i>Please Print</i></div>	
<b>Home School Registrar or Designee:</b> Name: _____ Signature/Date: _____ <div style="text-align: center; font-size: small; margin-top: 5px;"><i>Please Print</i></div>	
<b>Host School Registrar or Designee:</b> Name: _____ Signature/Date: _____ <div style="text-align: center; font-size: small; margin-top: 5px;"><i>Please Print</i></div>	

Student Signature

Date