For Office Use Only
Posted By:
Date Posted:

## **Inter-Institutional Course Registration Form**

Inter-Institutional Reg	istration Rules and	l Guidelines
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- 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 1-94.

## **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	on (to be provided to	host institution)		
Student ID (if any):					
	Last Name		First Name		M.I.
Home Address:	City	y:	ST:	Zip:	
Email:	Home Phone:		Mobile Phone: _		<del></del>
Birth Date:	Place of Birth:				
Gender: Male Female Not Report	rted Citizenship:				
Are you Hispanic/Latino? ☐ Yes,	Hispanic or Latino (including Spa	ain) 🗖 No			
Please describe your backgroun	d				
Regardless of your answer to the	prior question, please select one	or more of the followi	ng ethnicities that	best describe yo	u:
☐ American Indian or Alaska Nativ	e (including all Original Peoples of	of the Americas) Are yo	ou enrolled? 🗖 Ye	es 🗆 No	
If yes, please enter Tribal Enroll	ment Number	Please desci	ribe your backgroui	nd	
☐ Asian (including Indian subconti	nent and Philippines) Please descri	ribe your background_			
☐ Black or African American (inclu	nding Africa and Caribbean) Pleas	se describe your backgr	ound		
☐ Native Hawaiian or Other Pacific	Islander (Original Peoples) Pleas	se describe your backgr	ound		
☐ White (including Middle Eastern	) Please describe your backgroun	d			
Social Security Number:					
CBC (criminal background check	) on file at home school: Yo	es No			
Plaasa amail Victoria P. Knutsoi	Anutson@uth tmc adu) for CRC raques	t forms Completed forms she	ould he sent back to the	Office of Academic Afi	faire Attn: Vicki Ku

Student Signature Date

## Inter-Institutional Registration Form cont'd.

	Student Information					
I am a full time graduate student at:						
	□ Baylor College of Medicine □ UT Health					
	☐ University of Houston		☐ Rice University			
	☐ University of Texas Medical Branch		M.D. Anderson Cancer Center			
I wish to enroll in a c	ourse(s) under the inter-institutional ag	reement	at:			
T Wish to enform in a c	☐ Baylor College of Medicine		UT Health			
	☐ University of Houston		☐ Rice University			
	☐ University of Texas Medical Branch		M.D. Anderson Cancer Center			
	Cours	se Infor	mation			
Semester: □ Fall □	Spring □ Summer 20					
Subject/Course #: (e.g. MATH 212)	Course Title: (e.g. Multivariable Calculus)	Credit Hours:	Instructor Signature:	Date:		
(BCM grad students only):			Program Administrator Signature (BCM grad students only):	Date:		
☐ UG course ☐ GR course						
Subject/Course #: (e.g. MATH 212)	Course Title: (e.g. Multivariable Calculus)	Credit Hours:	Instructor Signature:	Date:		
(BCM grad students only):			Program Administrator Signature (BCM grad students only):	Date:		
☐ UG course ☐ GR course						
Approval Section						
Academic Advisor:						
Name: Signature/Date:						
Graduate Program Director/Dean/Designee (as required by your institution):						
Name: Signature/Date:						
Please Print Signature/Date.						
Home Institution International Services Office (if applicable):						
Name: Signature/Date:						
Home School Registrar or Designee:						
riame.	ame: Signature/Date: Please Print					
Host School Registrar or Designee:						
Name:	Name: Signature/Date:					
	Please Print					

Student Signature Date