

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 I-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
Jay Hills	Megan Riley	Veve Fisher	Scott Boeh	Melissa Houghton
Records Analyst	Program Coordinator	Senior Support Specialist	Registrar	Administrative Associate
(832) 842-9008	(713) 348-8032	(713) 500-3349	(409) 772-9803	(713) 798-4031
JEHills@uh.edu	megan.riley@rice.edu	veve.fisher@uth.tmc.edu	wsboeh@utmb.edu	melissah@bcm.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"/> University of Houston | <input type="checkbox"/> Rice University |
| <input type="checkbox"/> University of Texas Medical Branch | <input type="checkbox"/> MD Anderson Cancer Center |

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"/> University of Houston | <input type="checkbox"/> Rice University |
| <input type="checkbox"/> University of Texas Medical Branch | <input type="checkbox"/> MD Anderson Cancer Center |

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
BCM Students: <input type="checkbox"/> UG Course <input type="checkbox"/> GR Course		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
BCM Students: <input type="checkbox"/> UG Course <input type="checkbox"/> GR Course		Program Administrator Signature (BCM Students Only):		

APPROVALS

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

STUDENT SIGNATURE

Student Signature: _____ Date: _____