INTER-INSTITUTIONAL GRADUATE PROGRAM

Name _____ **Student Number** _____

I am currently a Full-time graduate student at:

___ University of Houston-Main Campus
___ Other _____

Major Department _____

Daytime Phone # ( ) _____

E-Mail Address _____

I wish to enroll in a course(s) under the inter-institutional agreement at:

___ Rice University
___ Baylor College of Medicine
___ Other _____

TERM _____ **20** ____

	Department	Course No.	Course Title	Credit
1.				

Approved _____ Date _____
Instructor's signature

	Department	Course No.	Course Title	Credit
2.				

Approved _____ Date _____
Instructor's signature

Approval of Graduate Department Advisor/Chairperson: *This course is not offered at the University of Houston during the semester referenced above. I certify that this course is essential to the Graduate program of the above student.*

Advisor's signature _____ **Date** _____
Print Name _____

Chairperson's signature _____ **Date** _____
Print Name _____

Host School Registrar _____ **Date** _____
Print Name _____

UH Graduate Dean's signature _____ **Date** _____

Revised 08/08