

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 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
Debbie Hermann	Ellen Everett	Robert Jenkins	Vicki Brewer	Melissa Houghton
Registrar	Sr. Associate Registrar	Registrar	Registrar	Registrar Appointee
(713) 743-9027	(713) 348-8035	(713) 500-3334	(409) 266-9751	(713) 798-4031
dahermann@uh.edu	ellen.everett@rice.edu	robert.jenkins@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: _____

Social Security Number: _____ - _____ - _____ Visa Status: _____

Inter-Institutional Registration Form cont'd.

Student Information

I am a full time graduate student at:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Baylor College of Medicine | <input type="checkbox"/> UT Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> University of Houston | <input type="checkbox"/> Rice University | |
| <input type="checkbox"/> University of Texas Medical Branch | <input type="checkbox"/> M.D. Anderson Cancer Center | |

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

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Baylor College of Medicine | <input type="checkbox"/> UT Health | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> University of Houston | <input type="checkbox"/> Rice University | |
| <input type="checkbox"/> University of Texas Medical Branch | <input type="checkbox"/> M.D. Anderson Cancer Center | |

Course Information

Semester: Fall Spring Summer 20____

Subject/Course #: (e.g. MATH 212)	Credit Hrs:	Instructor Signature:	Date:
(BCM grad students only):		Program Administrator Signature (BCM grad students only):	Date:
<input type="checkbox"/> UG course <input type="checkbox"/> GR course			
Subject/Course #: (e.g. MATH 212)	Credit Hrs:	Instructor Signature:	Date:
(BCM grad students only):		Program Administrator Signature (BCM grad students only):	Date:
<input type="checkbox"/> UG course <input type="checkbox"/> GR course			

Approval Section

Academic Advisor:

Name: _____ **Signature/Date:** _____
Please Print

Graduate Program Director/Dean/Designee (as required by your institution):

Name: _____ **Signature/Date:** _____
Please Print

Home Institution International Services Office (if applicable):

Name: _____ **Signature/Date:** _____
Please Print

Home School Registrar or Designee:

Name: _____ **Signature/Date:** _____
Please Print

Host School Registrar or Designee:

Name: _____ **Signature/Date:** _____
Please Print