

The University of Texas Health Science Center at Houston (UTHealth) Concurrent Enrollment from _____

Step I

Semester: _____ -Spring -Summer -Fall US SSN (optional): _____
YYYY

_____ is currently enrolled as a full-time student at the institution
 Student Name
 selected above. Please permit enrollment at the UTHealth _____
 in the courses listed below in STEP III. UTHealth School Name

 Advisor's Signature Date

Step II

Student Data - To be completed by home institution's Registrar's Office

Classification: -Undergraduate -Graduate U.S. Citizen: -Yes -No - Visa Type: _____

If not a U.S. Citizen or Permanent Resident, go to the Office of International Affairs for signature. _____
 OIA Approval

Residency: _____
TX County State Code Country

Tuition: Status: _____ Waiver Eligible: -Yes -No Rule: _____

TSI: -Waived -Satisfied _____
 Registrar's Signature Date

Step III

Enrollment at UTHealth - To be completed by Student

	Course No.	Course Title	Cr Hrs.	Instructor's Approval	Date
1)					
2)					
3)					

Approval: _____
 Registrar's Signature Date

I request that my grades for the above course(s) be forwarded to the my home institution after the completion of the course(s).

 Student's Signature Date

Student, please give copies to: UTHealth Registrar's Office, home institution's Registrar's Office, self.

