The University of Texas Health Science Center at Houston (UTHealth)

Concurrent Enrollment at Select one....

Step I

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

_____ is currently enrolled as a full-time student at UTHealth in the
Student Name

Select one..... . Please permit enrollment in the courses listed in STEP III.
UTHealth School Name

_____ _____
Advisor's Signature Date

Step II

Student Data - To be completed by UTHealth 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 UTHealth Office of International Affairs for signature. _____
OIA Approval

Residency: _____ _____ _____
TX County State Code Country

Tuition: Status: Select one... Waiver Eligible: ☐-Yes ☐-No Rule: _____

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

Step III

Enrollment at the Institution Selected Above - 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 Office of the Registrar at UTHealth after the completion of the course(s).

_____ _____
Student's Signature Date

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

UTHealth®
The University of Texas
Health Science Center at Houston