UTHealth | School of Biomedical Informatics
The University of Texas Health Science Center at Houston

Special Enrollment Approval Form

Student Name: _____

Year & Term: _____

I am requesting approval to enroll in fewer than or more than the recommended number of credit hours for this semester. I understand that UT Health Science Center-Houston recommends the following load for a full-time graduate student:

- 9 semester credit hours for the fall and spring semesters
- 6 semester credit hours for the 12-week summer term
- 3 semester credit hours for a 6-week summer term

For this semester, I am requesting approval to enroll in the following courses:

Course #	Course Title	Credit Hrs
Total		

_____

Student Name - Printed Signature Date

I understand that the above student is enrolling for _____ semester credit hours. I have met with the student, discussed these course selections, and approve this request.

_____

Advisor Name - Printed Signature Date

Submit signed form to the Office of Academic Affairs prior to requesting permission numbers if any are required for these courses.

Texas Administrative Code (TAC) 206.73, Privacy & Security of State Websites