

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

Step I

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

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

_____. 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: _____ 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.

