

The University of Texas Health Science Center at Houston
Office of The Registrar

Term/Year: _____
Plan Code: NDEMP

GSBS Employee Enrollment Form

The completed form must be submitted with all signatures two weeks prior to the last day of regular registration

INSTRUCTIONS:

1. Obtain approval of immediate supervisor.
 2. Obtain instructor's approval.
 3. Submit transcript or diploma showing baccalaureate degree or higher.
 4. Complete the residency questionnaire if a Texas resident and first time enrolling or if over one year since last enrolled.
Click [HERE](#) for information about Texas Resident Tuition.
 5. Return enrollment form and residency questionnaire to:
Office of the Registrar, UCT 2250.
- Criminal Background Checks are required (separate from employment CBC). See the [GSBS site](#) for more information.
 - Immunizations are required of all students before being allowed to enroll. Please complete the immunization record accessible [HERE](#) and submit to Student Health Services, 6410 Fannin, Suite 510.
 - Non-U.S. citizens must obtain clearance through the International Office, UCT, Suite S-130.9.
 - Pay tuition and fees at the Bursar's Office, UCT 2240 or log onto myUTH at <https://my.uth.tmc.edu>

_____ Term ☐ -Credit enrollment—I am a GSBS or Texas Medical Center employee, enrolling for academic credit
of year _____ ☐ -Audit enrollment—I am a GSBS or Texas Medical Center employee, enrolling for audit (no academic credit)

Is this your first term of enrollment? ☐ -Yes ☐ -No eMail _____

Name (Last, First Middle, Sfx)

UTHealth Student Number (if assigned)

Home Street Address

Home Phone

City

County

ST

Zipcode

Work Phone

Place of Employment

Date of Birth (mm/dd/yyyy)

Gender
☐ -Female
☐ -Male

Do you consider yourself to be Hispanic/Latino?
☐ -Yes
☐ -No

Select any racial categories with which you identify yourself:
☐ -White
☐ -Black
☐ -Asian
☐ -American Indian or Alaska Native
☐ -Native Hawaiian or Pacific Islander

Are you a citizen of the United States of America?

☐ -No.....Type of visa: _____

Country of citizenship: _____

☐ -Yes.....If you have NOT resided in Texas for the previous 12 months, what is your prior

state of residence? _____

Otherwise, what is your Texas

County of residence? _____

Name of University/College where baccalaureate degree was earned

Degree Awarded

Dates of attendance

Employee must be affiliated with one of the institutions of the Texas Medical Center.

Course Prefix	Course No.	Section No.	Course Title	Course Hrs.*	Instructor (print name)	Instructor Approval
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

* Enter Course Hrs. = 0 for Audit enrollment

Name of Supervisor—Please print clearly

Signature of Supervisor

Affiliate TMC Organization

Signature of Student