

Inter-Institutional Course Registration Form

Registration Rules and Guidelines

- Student must be enrolled full-time between registration at home and host institutions.
- Requested class must not be offered by the home institution during the term the student registers at one of the participating institutions.
- Requested class must be necessary for completion of graduate degree.
- Number of credits allowed per term/semester may vary depending on the policy of the host school.
- All approval signatures must be completed.
- Foreign students taking inter-institutional courses – You must check with your International Services Office regarding additional paperwork. Most host institutions will require a copy of your I-20/DS-2019, visa stamp, passport ID page, and I-94. Some will require new documentation every semester.

Form Instructions

1. Please print.
2. Select the course(s) using the host school's course schedule.
3. Fill out form completely.
4. Obtain approval from (host institution) instructor for each course.
5. Obtain approval from (home institution) academic advisor.
6. Obtain approval from (home institution) graduate program director/dean/designee at home school.
7. Obtain approval from International Services Office (if applicable).
8. Obtain approval from home school official designee. Ask home school if there are any additional required forms.
9. Obtain approval from host school registrar or official designee. Ask host school official if there are any additional required forms.
10. Provide a copy of completed form to home school official designee.
11. Provide a copy of completed form to International Services Office at home school (if applicable).
12. Keep copy of form for your records.

Institutional Contacts

University of Houston	Rice University	UT Health	UTMB	Baylor College of Medicine	Texas A&M IBT
Jay Hills (832) 842-9008 JEHills@uh.edu	Justin Schilke (713) 348-3157 jws9@rice.edu	Veve Fisher (713) 500-3349 veve.fisher@uth.tmc.edu	Linda Pheanis (409) 772-1215 lpheanis@utmb.edu	Melissa Rowell (713) 798-4031 melissa@bcm.edu	Cynthia Lewis (713) 677-7612 clewis@ibt.tamhsc.edu

Student Information

Demographic Information

Name: _____ Gender: Male Female Date of Birth: _____
Last Name First Name Middle Name

Current Address: _____ City: _____ State: _____
 Zip Code: _____ Country: _____ Home Phone: _____ Cell Phone: _____

Email: _____ Social Security Number: _____ Place of Birth: _____
(Optional) (City, State, County)

Are you a U.S. Citizen? Yes No Are you classified as a Texas resident at your home institution? Yes No

If not a U.S. Citizen, what is your visa type and status? _____

Criminal Background Check on file at home institution? Yes No

Please email Karen Weinberg (karen.weinberg@uth.tmc.edu) for CBC request forms.

Race/Ethnicity

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No

Regardless of your answer to the previous question, select one or more of the following ethnicities that best describe you.

American Indian or Alaska Native (including all Original Peoples of the Americas)

Are you enrolled? Yes. Please list your Tribal Enrollment Number: _____ No

Asian (including Indian subcontinent and Philippines) Native Hawaiian or Other Pacific Islander (Original Peoples)

Black or African American (including Africa and Caribbean) White (including Middle Eastern)

Please describe yourself: _____

Institution Information

I am a full-time graduate student at:

- | | | |
|---|--|---|
| <input type="checkbox"/> Baylor College of Medicine | <input type="checkbox"/> UT Health Science Center | <input type="checkbox"/> Texas A&M University IBT |
| <input type="checkbox"/> University of Houston | <input type="checkbox"/> Rice University | Home Institution Student ID Number: _____ |
| <input type="checkbox"/> University of Texas Medical Branch | <input type="checkbox"/> MD Anderson Cancer Center | Anticipated Graduation Date: _____ |

I wish to enroll in a course or courses under the inter-institutional agreement at:

- | | | |
|--|--|--|
| <input type="checkbox"/> Baylor College of Medicine | <input type="checkbox"/> UT Health Science Center | <input type="checkbox"/> MD Anderson Cancer Center |
| <input type="checkbox"/> University of Houston | <input type="checkbox"/> Rice University | <input type="checkbox"/> Texas A&M University IBT |
| <input type="checkbox"/> University of Texas Medical Branch | Host Institution Student ID Number (if previously attended): _____ | |
| Host Institution Credit Hours Previously Completed (if previously attended): _____ | | |

Course Information

Semester: Spring _____ Fall _____ Summer _____
(Summer semester not available at Rice.)

Subject/Course # <small>(e.g. Math 212)</small>	Course Title <small>(e.g. Multivariate Calculus)</small>	Credit Hours	Instructor Signature	Date
Program Administrator Signature (BCM Students Only):				

Subject/Course # <small>(e.g. Math 212)</small>	Course Title <small>(e.g. Multivariate Calculus)</small>	Credit Hours	Instructor Signature	Date
Program Administrator Signature (BCM Students Only):				

Approvals

<i>Academic Advisor Signature</i>	<i>Academic Advisor Printed Name</i>	<i>Date</i>
<i>Graduate Program Director/Dean Designee Signature</i>	<i>Graduate Program Director/Dean/Designee Printed Name</i>	<i>Date</i>
<i>Home Institution Internal Services Office Signature</i>	<i>Home Institution International Services Office Printed Name</i>	<i>Date</i>
<i>Home School Registrar/Designee Signature</i>	<i>Home School Registrar/Designee Printed Name</i>	<i>Date</i>
— Obtain all above signatures before submitting this to the host school registrar. —		
<i>Host School Registrar/Designee Signature</i>	<i>Host School Registrar/Designee Printed Name</i>	<i>Date</i>

Student Signature

By signing and submitting this agreement, you: 1) confirm that you meet the criteria to participate in this program; 2) confirm that the information you have supplied is correct; 3) consent to having the host institution send your home institution a transcript at the conclusion of the semester/term in which you are enrolled.

Student Signature: _____ Date: _____



Inter-Institutional Registration Supplemental Information

Student Name: _____

BCM ID #: _____

Program: _____

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Course #	Course Title	Institution

Explain why this course is necessary for the completion of your BCM degree.

Describe how this course is different from any BCM courses taught during the same term.

Student Signature: _____

Date: _____

Program Director Signature: _____

Date: _____