

Application for Students of _____

To Enroll at The University of Texas Health Science Center at Houston

UTHealth - Office of the Registrar
7000 Fannin, Suite 2250, PO Box 20036
Houston, TX 77225-0036
Phone: (713)500-3388 Fax: (713)500-3356
registrar@uth.tmc.edu

DIRECTIONS:

1. A [Concurrent Enrollment](#) form must be completed and signed by officials at the home institution selected above.
2. Obtain UTHealth instructor's signature on concurrent enrollment form.
3. Complete and sign this form. First time students pay a \$60.00 application fee at the Student Financial Services' Office, University Center Tower, Suite 2240, (713)500-3308.
4. The Texas Dept of Health requires that you provide evidence of current immunizations prior to registration. Click [here](#) for information about the required immunizations. You can submit your records online once you have been given access to the myUTH student portal.
5. If tuition and fees are to be billed to an account at your home institution, please ask the sponsoring department at your home institution to complete the sponsorship authorization form [here](#). For questions about sponsorship, contact the Bursar's Office at sponsorsbilling@uth.tmc.edu.
6. All non-US citizens, including permanent residents, must be cleared through UTHealth's Office of International Affairs (OIA), University Center Tower, Suite S130, (713)500-3176.

International students **MUST** provide the following:

- a) Passport
- b) Statement from the home institution's Office of International Affairs certifying that the student is in compliance with the immigration regulations governing student visas.

Permanent resident students must present their green card.

1. US Social Security Number - _____

OPTIONAL. For information regarding SSN disclosure, please review US Social Security Number Disclosure Information on the Registrar's Office website at <https://www.uth.edu/registrar/applicants/>

2 a.) Year: _____

Semester: ☐-Spring ☐-Summer ☐-Fall

b.) First-time enrollment?: ☐-Yes ☐-No

3. Legal Name _____, _____, _____, _____
Last First Mid- Sfx

If the information necessary to process this application is located under a different name, please include that name below.

Other Name _____, _____, _____, _____
Last First Mid- Sfx

4. Date of Birth: _____
mm/dd/yyyy

5. Gender**: ☐-Female ☐-Male

6. Ethnic Origin** (Select all that apply):

US Citizens/ Permanent Residents ☐ - Hispanic ☐ - Black, non-Hispanic ☐ - White, non-Hispanic ☐ - Asian
☐ - Native American/Alaska Native ☐ - Native Hawaiian/Pacific Islander

☐ - Non-US Citizen & Non-Permanent Resident

** This information is requested in compliance with Title VI and Title IX of the Civil Rights Act of 1964.
It in no way affects the processing of your application



7. Birthplace: _____
City US State Code Country

8. I am a citizen of (country): _____

a. If your country of citizenship is NOT USA, what is your immigration VISA type? _____

(Examples: J1, F1, PR) If you are an immigrant classified by INS as a "Permanent Resident" or "Alien Resident of the US, enter PR.

b. If your country of citizenship IS USA, or if you entered PR above, what is your US state of residence? _____
US State Code

c. If your state of residence is Texas, which county? _____

9. Permanent mailing address:

Street

City US State Code Zip Code Country

10. Current mailing address (if different):

Street

City US State Code Zip Code Country

11. Phone Number(s): _____
Cell Phone (including Area Code) Home Phone (including Area Code)

12. Email Address(s): _____
Home Institution Email Other Email

13. Please indicate the UTHealth school offering the class(es) you wish to enroll in.

- ☐ - Graduate School of Biomedical Sciences ☐ - School of Nursing
☐ - School of Biomedical Informatics ☐ - School of Public Health

I authorize UTHealth to send a transcript to my home institution at the end of any semester of concurrent enrollment at UTHealth. I certify that the information submitted herein is true and correct to the best of my knowledge.

Signature Date - mm/dd/yyyy

FOR OFFICE USE ONLY:

<u>Program</u>	<u>PVED</u>	<u>CRED:</u> W
NDCONC, G01 - GSBS	TWU - 006826	
NDCNCR, G01 - GNUR		
NDCCUR, G01 - GSPH		
NDCNSH, G01 - GBMI		
NDCNMB, G01 - GNUR	UTMB - 006887	
NDCUTB, G01 - GSPH Exemption: JONT	UTRGV - 006568	
NDCELP, G01 - GSPH	UTEP - 006829	
NDCSAN, G01 - GSPH Exemption: JONT	UTHSCSA - 006908	
NDCBMD, G01 - GBMI	UTSWMC - 000273	