

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

Term/Year: _____
Plan Code: **NDBIEM**

McWilliams School of Biomedical Informatics Enrollment Form

This form is to be completed by TMC employees OR an approved Fellowship Program participants **ONLY**. Current degree-seeking/Certificate students are **NOT** eligible to complete this form. The completed form must be submitted with all signatures by the deadline dates Spring – 12/15; Summer - 5/1; Fall - 8/1 of every year.

INSTRUCTIONS:

1. Obtain approval of immediate supervisor.
 2. Obtain McWilliams Instructor or Office of Academic Affairs approval.
 3. Submit unofficial transcript(s) or diploma showing baccalaureate degree or higher.
 4. Complete the [residency questionnaire](#) if it's the firsttime enrolling or if over one year since last enrolled. Please submit Residency Questionnaire Form to email ResiForm@uth.tmc.edu. Click [HERE](#) for information about Texas Resident Tuition.
 5. Return enrollment form to registrar@uth.tmc.edu.
- Criminal Background Checks are required (separate from employment CBC). See the [McWilliams site](#) for more information.
 - Immunizations are required of all students attending in person courses. Please complete the immunization record accessible [HERE](#). If you will enroll in 100% online courses, please contact SBMIAcademics@uth.tmc.edu to be considered for immunization waiver
 - Non-U.S. citizens must obtain clearance through the Office of International Affairs utoiahouston@uth.tmc.edu.
 - Pay tuition and fees by logging into your myUTH account at <https://my.uth.tmc.edu> or in-person at the Bursar's Office, UCT 2240.

- Credit enrollment - I am a Texas Medical Center employee
 - Credit Enrollment – I am in an approved Fellowship program

Term of enrollment (Spring, Summer, Fall): _____ Year of enrollment: _____

Is this your first term of enrollment? Yes No E-mail _____

Name (Last, First, Middle, Suffix)				UTHealth Student Number (if assigned)	
Home Street Address				Home Phone	
City	County	ST	Zip code	Work Phone	
Place of Employment				Date of Birth (mm/dd/yyyy)	

<p>Gender</p> <p><input type="checkbox"/> -Female <input type="checkbox"/> -Male</p>	<p>Do you consider yourself to be Hispanic/Latino?</p> <p><input type="checkbox"/> -Yes <input type="checkbox"/> -No</p>	<p>Select any racial categories with which you identify yourself:</p> <p><input type="checkbox"/> -White <input type="checkbox"/> -Black <input type="checkbox"/> -Asian <input type="checkbox"/> -American Indian or Alaska Native <input type="checkbox"/> -Native Hawaiian or Pacific Islander</p>	<p>Are you a citizen of the United States of America?</p> <p><input type="checkbox"/> No..... Type of visa: _____ Country of citizenship: _____</p> <p><input type="checkbox"/> Yes If you have NOT resided in Texas for the previous 12 months, what is your prior state of residence? _____</p>
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Name of University/College where baccalaureate degree was earned: _____
 Otherwise, what is your Texas County of residence? _____

Degree Awarded _____ Dates of attendance _____

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

Course	Web/In-person	Course Title	Course Hrs.*	Instructor/OAA Staff	Signature

* Enter course/semester credit hours

Name of Supervisor OR Fellowship Coordinator—Please print clearly _____ Signature of Supervisor OR Fellowship Coordinator _____

Affiliate TMC Organization _____ Signature of Student _____