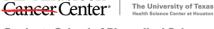
## The University of Texas Health Science Center at Houston Office of The Registrar

## **GSBS Employee Enrollment Form**

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

INSTRUCTION					
1. Obtain approval of immediate supervisor.			<ul> <li>Criminal Background Checks are required (separate from employment CBC). See the <u>GSBS site</u> for more information.</li> </ul>		
2. Obtain instructor's approval.					
3. Submit transcript or diploma showing baccalaureate degree or higher.			Immunizations are required of all students before being allowed to enroll. Please complete the immunization record accessible HERE		
<ol> <li>Complete the residency questionnaire if a Texas resident and first time enrolling or if over one year since last enrolled.</li> </ol>			and submit to Student Health Services, 6410 Fannin, Suite 510.		
Click <u>HERE</u> for information about Texas Resident Tuition.			Non-U.S. citizens must obtain clearance through the International Office, UCT, Suite S-130.9.		
<ol> <li>Return enrollment form and residency questionaire to: Office of the Registrar, UCT 2250.</li> </ol>			<ul> <li>Pay tuition and fees at the Bursar's Office, UCT 2240 or log onto myUTH at <u>https://my.uth.tmc.edu</u></li> </ul>		
		ollment—I am a GSBS or Texas			
of year	🛛 -Audit enro	ollment—I am a GSBS or Texas I	Medical Cent	ter employee, enrolling for	r audit (no academic credit)
ls this vour fi	rst term of enrollment	? □-Yes □-No eMail			
,,					
Name (Last, First Middle, Sfx)				UTHealth Student Number (if assigned)	
Home Street A	ddress			Home Phone	
				fionie i none	
City		County ST	Zipcode	Work Phone	
/					
Place of Employment				 Date of Birth (mm/d	d/vvvv)
Gender	, Do you consider	Select any racial categories v	vith		
D-Female	yourself to be	which you identify yourself:			
□-Male	Hispanic/Latino?	□-White		□-NoType of visa:	
	□-Yes □-No	□-Black □-Asian		Country of citizenship:	
				□-YesIf you have NOT	resided in Texas for the
		American Indian or Alaska Na		previous 12 months, what is your prior	
□-Native Hawaiian or Pacific Is			ander	state of residence?	
			Otherwise, what is your Texas		
Name of Unive	ersity/College where bacc	alaureate degree was earned			
				County of reside	ence?
Degree Award	ed	Dates of	attendance		
Employee mi	ust he affiliated with or	ne of the institutions of the Texa	as Medical C	enter	
Course Cour					
Course Cour	ise section	Course Title	Course	Instructor (print name)	Instructor Approval
		course ritle		motractor (print nume)	
Prefix No		course fille	Hrs.*		
Prefix No 					
Prefix No 	o. No. 				
Prefix No	0. No. 		Hrs.*		
Prefix No	o. No. 		Hrs.*	of Supervisor	
Prefix No	<ul> <li>No.</li> <li></li></ul>		Hrs.*	of Supervisor	
Prefix No	<ul> <li>No.</li> <li></li></ul>		Hrs.*	of Supervisor	



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