

Application for The University of Texas Southwestern Medical Students 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
phone: 713-500-3361 fax: 713-500-3356

DIRECTIONS:

1. Concurrent enrollment must be completed and signed by officials at The University of Texas Southwestern Medical Center.
2. Obtain UTHealth's instructor's signature on concurrent enrollment form.
3. Complete and sign this form. For first time students, a \$60.00 application fee will be added to the tuition and fees bill.
4. Complete immunizations: required for all students. Prior to registration, students must submit immunization records as required by the Texas Department of Health for students in health-related programs. Students must document immunizations through the secure [myUTH](#) system. See the [Immunizations FAQ](#) for more information.
5. If tuition and fees are to be billed to an account at The University of Texas Southwestern Medical Center, please ask the sponsoring department at The University of Texas Southwestern Medical Center 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, University Center Tower, Suite S130.

International students MUST provide the following:

- a.) Passport
- b.) Statement from The University of Texas Southwestern Medical Center Office of International Affairs certifying that the student is in compliance with the immigration regulations governing student visas.

Permanent resident students MUST provide the following:

- a.) Permanent resident card to UTHealth's Office of International Affairs for clearance.

1. US Social Security Number For information regarding SSN disclosure, please review [US Social Security Number Disclosure Information](#) on the Registrar's Office website. If you have no US SSN, please leave blank.

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2.a.) Enrollment term

into the program for:

YEAR				
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Semester: Spring Summer Fall

2.b.) First time enrollment? Yes No

3. Name - Print clearly

Last	
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First	
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Middle	
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Other Last	
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Other First	
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(If the information necessary to process this application is located under a different name, please include such name(s) in the space above.)

4. Date of Birth (mm/dd/yyyy)

		/			/				
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5. Gender:**

- Female
 Male

6. Ethnic Origin:**

- Hispanic Native American/Alaska Native
 Black Native Hawaiian/Pacific Islander
 Asian White

** 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. Birth Place:
 City State Country

8. I am a citizen of (country): a. If your country of citizenship is not USA, enter 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. What US state is your state of residence?
 (US citizens and Permanent Residents/Resident Aliens only) c. If residence state is Texas, which County?

9. Permanent mailing address:

 Street

 City State Zip Code Country
 () -
 Phone - US phone number only E-mail address

10. Current mailing address (if different):

 Street

 City State Zip Code Country
 () - () -
 Home Phone - US phone number only Business Phone - US phone number only

I authorize the 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

FOR OFFICE USE ONLY:

PROGRAM NCDBMD, G01 - SPH PVED UTSW - ORG: 100031
 ATP: 000273 CRED: W

Ck/MO # _____	Amt \$ _____
Date: _____	Initials: _____