

UTEP Summer Enrollment Program at UTHealth School of Public Health

Office of The Registrar
7000 Fannin, Suite 2250, P.O. Box 20036
Houston, Texas 77225
phone: 713-500-3388 fax: 713-500-3356

1. Name (Last, First Middle): _____, _____

2. Enrollment for Summer of (yyyy): _____ 3. Date of Birth (mm/dd/yyyy): _____

4. Gender**: - Female - Male
5. Ethnic Origin** : - Hispanic - Asian - Black-non-Hispanic - Native American/Alaska Native - Non-US Citizen/Perm Resident
 - White-non-Hispanic - Native Hawaiian/Pacific Islander

** 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.

6. Birthplace (City, ST, Country): _____

7a. I am a citizen of (country): _____ b. If not USA, what is your immigration VISA type?: _____
(If you are an immigrant classified by INS as a "Permanent Resident" or "Alien Resident" of the USA, enter PR)

c. If USA, what is your US state of residence? _____ d. If residence state is TX, which county? _____

e. What is your TX Residency status with UTEP? - Resident of TX - Not
Please provide a copy of your current UTEP tuition statement if claiming Texas residency.

8. Address: This address is my: - Permanent Address - Current Address

Street: _____

City, ST, Zip: _____, _____

9. Mobile Phone: _____ UTEP Email: _____

10. I wish to enroll in the following class(es):
PHWM 2110 - Public Health Ecology & the Human Environment
PHWM 2230 - Water Environment
PHM 3715 - Management & Policy Concepts in Public Health
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I understand that tuition and fees will be added to my account based on the number of semester credit hour enrolled. I further understand that I am responsible for payment of any balance incurred and that I will work with my sponsor (if appropriate) to ensure payment is made according to payment deadlines. 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.

Student signature: _____ Date: _____

Student is in Good Standing at UTEP: - Yes - No

Approval (UTEP): _____ Date: _____

Approval (UTSPH): _____ Date: _____

