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

Term/Year:
Standing: G01
Program Code: NDEMPL

GSBS Employee Enrollment - Audit Only

INSTRUCTIONS:
1. Submit enrollment form to: Office of the Registrar, UCT 2250. Do not email or fax.
2. Complete residency questionnaire if first time enrolling or if over one year since last enrolled and claiming Texas residency.
3. Submit transcript or diploma showing degree.
4. Immunizations are required of all students. Please complete the immunization record at: https://atapps.uth.tmc.edu/StudentImmunization/
5. Non U.S. citizens must obtain clearance through the International Office UCT S-130.
6. Criminal Background Checks are required, please see GSBS site for more information.
7. Obtain signature of immediate supervisor and course instructor.
8. Pay tuition and fees, including a $30.00 non-refundable application fee, at the Bursar's Office, UCT 2240 or log onto myUTH at https://my.uth.tmc.edu

Note: Registration, add/drop dates, and payment due dates are located in the Academic Calendar on the web at http://registrar.uth.tmc.edu. Please be attentive to these dates.

NOTICE:
A Social Security Number is required if you are applying for financial aid but is not required for admission to the University of Texas Health Science Center at Houston. Providing a Social Security Number will, however, speed up the processing of your application since we will not need to manually match your application with other materials such as transcripts and test scores. Supplying an SSN ensures that you will be able to claim the Hope Tax Credit if you are eligible on your federal tax return. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your Social Security Number without your consent for any purpose except as allowed by law.

Is this your first term of enrollment? ☐ yes ☐ no eMail _____

Name (Last First Middle) _____ Social Security Number _____

Home Street Address _____ Home Phone _____

City County State Zipcode _____ Work Phone _____

Place of Employment _____ Date of Birth (mmddyyyy) __ __ / __ __ / __ __ __ __

Gender
☐ Female
☐ Male

Do you consider yourself to be Hispanic/Latino?
☐ Yes
☐ No

Select any racial categories with which you identify yourself:
☐ White
☐ Black
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Pacific Islander

Are you a citizen of the United States of America?

☐ No..... Type of visa: _____

Country of citizenship: _____

☐ Yes....If you have NOT resided in Texas for the previous 12 months, what is your prior state of residence? _____

Otherwise, what is your Texas County of residence? _____

Name of University/College where baccalaureate degree was earned _____

Degree Awarded _____ Dates of attendance _____

Employee must be affiliated with one of the institutions of the Texas Medical Center. Only one course is allowed per semester.

Course Prefix	Course No.	Section No.	Course Title	Audit Hrs.	Instructor (print name)	Instructor Approval

Name of Supervisor - Please print clearly _____ Signature of Supervisor _____

Signature of Student _____

UTHealth
The University of Texas
Health Science Center at Houston

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