

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

Term/Year:
Standing: G01
Program Code: NDPHAD (Houston)
NDPBAD (Brownsville)
NDPDAD (Dallas)
NDPEAD (El Paso)
NDPSAD (San Antonio)

SPH NON-DEGREE "AUDIT ONLY" ENROLLMENT FORM

Only one course may be audited per semester

INSTRUCTIONS:

1. Obtain instructor's approval.
2. Return enrollment form to Office of the Registrar, UCT 2250 or fax to 713-500-3356.
3. Pay a \$60.00 non-refundable application fee. (Mail check to Bursar's Office, PO Box 20036, Houston, TX 77225) or pay via myUTH.
4. Immunizations are required of all students before being allowed to enroll. Please complete the immunization record accessible via http://registrar.uth.tmc.edu/Services/Student_Forms.html#immunization and submit to Student Health Services, UTPB 130 (6410 Fannin, Suite 130, Houston, TX 77030) or fax to 713-500-0605.
5. Pay fees at Student Financial Services, UCT 2240, or send payment to this department at PO Box 20036, Houston, TX 77225, or log onto myUTH at <https://my.uth.tmc.edu>. Bills are not mailed, but you may view, print a copy of your bill, and pay from myUTH. Contact the Help Desk, 715-486-4848, for assistance with your myUTH userid and password.

Note: Registration, add/drop dates, and payment due dates are located on the Registrar's Office website. Please go to <http://registrar.uth.tmc.edu/>. 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

Name (Last First Middle)

Social Security Number (See notice above)

Home Street Address

Primary Phone Number

Home Address: City State Zip code

Work Phone Number

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Date of Birth (mmddyyyy)

Email Address

Gender Do you consider yourself to be
 Female Hispanic/Latino?

Male Yes No

Work Street Address

Select any racial categories with which you identify yourself:

- White
- Black
- Asian
- Native American or Alaska Native
- Native Hawaiian or Pacific Islander

Work Address: City State Zip code

Are you a citizen of the United States of America?

No.....Type of visa: _____ Country of Citizenship: _____

Yes... State of residence: _____ If Texas, county of residence: _____

If applicable, University/College where baccalaureate degree was earned.

Dates of attendance

Degree Awarded _____

Course Prefix	Course No.	Section No.	Course Title	AUDIT Hrs.	Instructor (print name)	Instructor Approval
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Signature of Student



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