Inter-Institutional Course Registration Form

Inter-Institutional Registration Rules and Guidelines

- Requested class must not be offered by the home institution during term.
- Requested class must be necessary for completion of graduate degree.
- Number of credits allowed per term/semester may vary depending on the policy of the host school.
- All approval signatures must be completed.
- Foreign students taking inter-institutional courses – You must check with your International Services Office regarding additional paperwork. Most host schools will require a copy of your I-20/DS-2019, visa stamp, passport ID page, and 1-94.

Instructions for Completing Inter-Institutional Registration Form

1. Please print.
2. Select the course(s) using the host school’s course schedule.
3. Fill out form completely.
4. Obtain approval from instructor for each course.
5. Obtain approval from graduate program director/dean/designee at home school
6. Obtain approval from International Services Office (if applicable).
7. Obtain approval from home school official designee. Ask home school official if there are any additional required forms.
8. Obtain approval from host school registrar or official designee. Ask host school official if there are any additional required forms.
9. Provide a copy of completed form to home school official designee
10. Provide copy of completed form to International Services Office at home school (if applicable).
11. Keep copy of form for your records.

Institutional Contacts

<table>
<thead>
<tr>
<th>University of Houston</th>
<th>Rice University</th>
<th>UT Health</th>
<th>UTMB</th>
<th>Baylor College of Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debbie Hermann</td>
<td>Ellen Everett</td>
<td>Robert Jenkins</td>
<td>Vicki Brewer</td>
<td>Melissa Houghton</td>
</tr>
<tr>
<td>Registrar</td>
<td>Sr. Associate Registrar</td>
<td>Registrar</td>
<td>Registrar</td>
<td>Registrar Appointee</td>
</tr>
<tr>
<td>(713) 743-9027</td>
<td>(713) 348-8035</td>
<td>(713) 500-3334</td>
<td>(409) 266-9751</td>
<td>(713) 798-4031</td>
</tr>
<tr>
<td><a href="mailto:dahermann@uh.edu">dahermann@uh.edu</a></td>
<td><a href="mailto:ellen.everett@rice.edu">ellen.everett@rice.edu</a></td>
<td><a href="mailto:robert.jenkins@uth.tmc.edu">robert.jenkins@uth.tmc.edu</a></td>
<td><a href="mailto:vbrewer@utmb.edu">vbrewer@utmb.edu</a></td>
<td><a href="mailto:melissah@bcm.edu">melissah@bcm.edu</a></td>
</tr>
</tbody>
</table>

Student Information
(to be provided to host institution)

<table>
<thead>
<tr>
<th>Student ID (if any): ____________________</th>
<th>Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Last Name: ________________________</td>
</tr>
<tr>
<td></td>
<td>First Name: ________________________</td>
</tr>
<tr>
<td></td>
<td>M.I. ____________________________</td>
</tr>
<tr>
<td>Home Address: ___________________________</td>
<td>City: ____________________________</td>
</tr>
<tr>
<td></td>
<td>ST: _______ Zip: ________________</td>
</tr>
<tr>
<td>Email: ____________________________</td>
<td>Home Phone: ______________________</td>
</tr>
<tr>
<td></td>
<td>Mobile Phone: ____________________</td>
</tr>
<tr>
<td>Birth Date: ____________________________</td>
<td>Place of Birth: ___________________</td>
</tr>
<tr>
<td>Social Security Number: _____ - _____ - _____</td>
<td>Visa Status: ____________________</td>
</tr>
</tbody>
</table>

Student Signature ___________________________ Date ____________

Last revised 8/11/2010
Inter-Institutional Registration Form cont’d.

### Student Information

I am a full time graduate student at:

- [ ] Baylor College of Medicine
- [ ] UT Health
- [ ] University of Houston
- [ ] Rice University
- [ ] University of Texas Medical Branch
- [ ] M.D. Anderson Cancer Center

I wish to enroll in a course(s) under the inter-institutional agreement at:

- [ ] Baylor College of Medicine
- [ ] UT Health
- [ ] University of Houston
- [ ] Rice University
- [ ] University of Texas Medical Branch
- [ ] M.D. Anderson Cancer Center

### Course Information

<table>
<thead>
<tr>
<th>Semester:</th>
<th>□ Fall □ Spring □ Summer 20______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject/Course #: (e.g. MATH 212)</td>
<td>Credit Hrs:</td>
</tr>
</tbody>
</table>

(BCM grad students only):

Program Administrator Signature (BCM grad students only):

Date:

- [ ] UG course
- [ ] GR course

| Subject/Course #: (e.g. MATH 212) | Credit Hrs: | Instructor Signature: | Date: |

(BCM grad students only):

Program Administrator Signature (BCM grad students only):

Date:

- [ ] UG course
- [ ] GR course

### Approval Section

**Academic Advisor:**

Name: __________________________ Signature/Date: __________________________

**Graduate Program Director/Dean/Designee (as required by your institution):**

Name: __________________________ Signature/Date: __________________________

**Home Institution International Services Office (if applicable):**

Name: __________________________ Signature/Date: __________________________

**Home School Registrar or Designee:**

Name: __________________________ Signature/Date: __________________________

**Host School Registrar or Designee:**

Name: __________________________ Signature/Date: __________________________