	For Office Only
Posted By:	Date Posted:

Inter-Institutional Course Registration Form

Registration Rules and Guidelines

- Student must be enrolled full-time between registration at home and host institutions.
- Requested class must not be offered by the home institution during the term the student registers at one of the participating institutions.
- 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 institutions will require a copy of your I-20/DS-2019, visa stamp, passport ID page, and I-94. Some will require new documentation every semester.

Form Instructions

- 1. Please print.
- Select the course(s) using the host school's course schedule.
- 3. Fill out form completely.
- Obtain approval from (host institution) instructor for each course.
- 5. Obtain approval from (home institution) academic advisor.
- Obtain approval from (home institution) graduate program director/dean/designee at home school.
- 7. Obtain approval from International Services Office (if applicable).

- 8. Obtain approval from home school official designee. Ask home school if there are any additional required forms.
- Obtain approval from host school registrar or official designee. Ask host school official if there are any additional required forms.
- Provide a copy of completed form to home school official designee.
- 11. Provide a copy of completed form to International Services Office at home school (if applicable).
- 12. Keep copy of form for your records.

Institutional Contacts

University of Houston	Rice University	UT Health	UTMB	Baylor College of Medicine	Texas A&M IBT
Angelia Irving	Angel Forward	Veve Fisher	Michael Greb	Melissa Rowell	Cynthia Lewis
(832) 842-9009	(713) 348-8032	(713) 500-3349	(409) 772-9810	(713) 798-4031	(713) 677-7612
alirving@central.uh.edu	forward@rice.edu	veve.fisher@uth.tmc.edu	mjgreb@utmb.edu	melissah@bcm.edu	lewisca53@tamu.edu

Student Information

Student information	
Demographic Information	
Name: Last Name First Name Middle Name	Gender: Male Date of Birth:
	☐ Female
Current Address: C	ity: State:
Zip Code: Country: Home Pho	
Email: Social Security Number: Ner you a U.S. Citizen? Yes No Are you classified as a Temporary Number: No Are you classified as a No Are you class	Place of Birth:
Are you a U.S. Citizen?	exas resident at your home institution? Yes No
If not a U.S. Citizen, what is your visa type and status?	
Criminal Background Check on file at home institution? Please email Karen Weinberg (karen.weinberg@uth.tmc.edu) for CBC request forms.] Yes □ No
Race/Ethnicity	
Are you Hispanic/Latino?	pain) 🗆 No
Regardless of your answer to the previous question, select one or more	of the following ethnicities that best describe you.
☐ American Indian or Alaska Native (including all Original Peoples	s of the Americas)
Are you enrolled?	Enrollment Number:
☐ Asian (including Indian subcontinent and Philippines) ☐	Native Hawaiian or Other Pacific Islander (Original Peoples)
☐ Black or African American (including Africa and Caribbean)	White (including Middle Eastern)
Please describe yourself:	

E-mail registrar@rice.edu | Office 713-348-4999 | Fax 713-348-5921 | Office of the Registrar-MS 57 | 6100 Main St. | Houston, TX 77005 | registrar.rice.edu

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☐ Baylor College	of Medicine	☐ UT Health	Science Center	☐ Texas A&M University IB	т
☐ University of Houston ☐ F		☐ Rice Unive	rsity	Home Institution Student ID) Number:
☐ University of Texas Medical Branch ☐ M		☐ MD Anders	son Cancer Center	Anticipated Graduation Date:	
wish to enroll in a	course or courses under the i	inter-institution	al agreement at:		
☐ Baylor College	of Medicine	☐ UT Health:	Science Center	☐ MD Anderson Cancer Ce	nter
, •		☐ Rice Unive	rsity	☐ Texas A&M University IB	т
☐ University of Texas Medical Branch				O Number (if previously attended):
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