

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

Term/Year: _____
Plan Code: NDEMPL

GSBS Employee Enrollment Form

The completed form must be submitted with all signatures two weeks prior to the last day of regular registration

INSTRUCTIONS:

1. Obtain approval of immediate supervisor.
2. Obtain instructor's approval.
3. Submit transcript or diploma showing baccalaureate degree or higher.
4. Complete the residency questionnaire if a Texas resident and first time enrolling or if over one year since last enrolled. Click [HERE](#) for information about Texas Resident Tuition.
5. Return enrollment form and residency questionnaire to: Office of the Registrar, UCT 2250.
6. Pay a \$50.00 non-refundable application fee.
7. Criminal Background Checks are required (separate from employment CBC). See the [GSBS site](#) for more information.
8. Immunizations are required of all students before being allowed to enroll. Please complete the immunization record accessible [HERE](#) and submit to Student Health Services, 6410 Fannin, Suite 510.
9. Non-U.S. citizens must obtain clearance through the International Office, UCT, Suite S-130.9.
10. Pay tuition and fees at the Bursar's Office, UCT 2240 or log onto myUTH at <https://my.uth.tmc.edu>

_____ Term -Credit enrollment—I am a GSBS or Texas Medical Center employee, enrolling for academic credit
of year _____ -Audit enrollment—I am a GSBS or Texas Medical Center employee, enrolling for audit (no academic credit)

Is this your first term of enrollment? -Yes -No eMail _____

Name (Last, First Middle, Sfx) _____ UTHealth Student Number (if assigned) _____

Home Street Address _____ Home Phone _____

City _____ County _____ ST _____ Zipcode _____ Work Phone _____

Place of Employment _____ Date of Birth (mm/dd/yyyy) _____

<p>Gender</p> <p><input type="checkbox"/>-Female <input type="checkbox"/>-Male</p>	<p>Do you consider yourself to be Hispanic/Latino?</p> <p><input type="checkbox"/>-Yes <input type="checkbox"/>-No</p>	<p>Select any racial categories with which you identify yourself:</p> <p><input type="checkbox"/>-White <input type="checkbox"/>-Black <input type="checkbox"/>-Asian <input type="checkbox"/>-American Indian or Alaska Native <input type="checkbox"/>-Native Hawaiian or Pacific Islander</p>	<p>Are you a citizen of the United States of America?</p> <p><input type="checkbox"/>-No.....Type of visa: _____ Country of citizenship: _____</p> <p><input type="checkbox"/>-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? _____</p>
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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.

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

* Enter Course Hrs. = 0 for Audit enrollment

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

Affiliate TMC Organization _____ Signature of Student _____