

**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)

**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 the Office of the Registrar, UCT2250, 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. A criminal background check is required. Click [here](#) to see SPH's CBC information and directions, or contact the SPH Office of Student Affairs.
5. The Texas Dept of Health requires that you provide evidence of current immunizations prior to registration. Click [here](#) for information about the required immunizations. You can submit your records online once you have been given access to the [myUTH](#) student portal.
6. Pay fees at Student Financial Services, UCT 2240, or send payment to this department at PO Box 20036, Houston, TX 77225, or log onto the [myUTH](#) portal. Bills are not mailed, but you may view, print a copy of your bill, or pay from [myUTH](#). Contact the Solution Center (Help Desk), 713-486-4848, for assistance with your myUTH userid and/or password.

Note: Registration, add/drop dates, and payment due dates are located on the [Registrar's Office website](#). Be attentive to these dates.

Is this your first term of enrollment? Yes No

Name (Last, First Middle)

Date of Birth (mm/dd/yyyy)

Home Street Address

Primary Phone Number

Home Address City, State Zip code

Work Phone Number

Email Address

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Date of Birth (mm/dd/yyyy)

Work Street Address

Gender      Do you consider yourself  
-Female      to be Hispanic/Latino?  
-Male      -Yes -No

Work Address City, State Zip code

Select any racial categories with  
which you identify yourself:

Are you a citizen of the United States of America?

-No Type of visa: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

-White

-Black

-Asian

-Yes State of residence? \_\_\_\_\_ If Texas, County of residence? \_\_\_\_\_

-American Indian or Alaska Native

-Native Hawaiian or Pacific Islander

Name of University/College where baccalaureate degree was earned

Degree Awarded

Dates of attendance

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

Signature of Student