

Enrollment Certification Request

The University of Texas Health Science Center at Houston

Office of Registrar
P.O. Box 20036 - UCT 2250
Houston, TX 77225
(713) 500-3388 Fax: (713) 500-3356

Instructions:

PLEASE PRINT or TYPE the information requested. Return to the Office of the Registrar at the address listed above.

Note: Certification of upcoming enrollment will not be processed prior to the initial payment for that term.

Will Pick Up Please Mail

PRINT Name

Student ID

PRINT School Term(s) needing certification

PRINT Anticipated graduation date

Check the appropriate school:

DENT NURS

GSBS SBMI

MED SPH

Send the above information to (**PRINT**):

1.

2.

Permission to include SSN on certification: Yes No

Permission to include Student ID on certification: Yes No

Student's Signature