

# 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 I94. Some will require new documentation every semester.

## Form Instructions

1. Please print.
2. Select the course(s) using the host school's course schedule.
3. Fill out form completely.
4. Obtain approval from (host institution) instructor for each course.
5. Obtain approval from (home institution) academic advisor.
6. 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.
9. Obtain approval from host school registrar or official designee. Ask host school official if there are any additional required forms.
10. 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
<b>Bethaney Jones</b> (713) 743-7034 bdjones6@uh.edu	<b>Angel Forward</b> (713) 348-8032 forward@rice.edu	<b>Veve Fisher</b> (713) 500-3349 veve.fisher@uth.tmc.edu	<b>Michael Greb</b> (409) 772-9810 mjgreb@utmb.edu	<b>Melissa Rowell</b> (713) 798 – 4031 melissa@bcm.edu	<b>Kristen Neill</b> (713) 677-7612 kristen.neill@tamu.edu

## Student Information

### Demographic Information

Name: \_\_\_\_\_ Gender: Male Female

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (optional)

Place of Birth:

State, Country)

\_\_\_\_ (City,

Are you a U.S. Citizen?

Yes

No

Are you classified as a Texas 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?

Yes

No

Please contact your school's student affairs office for CBC request form.

## Race/Ethnicity

Are you Hispanic/Latino?

Yes

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 of the Americas)

Are you enrolled?

Yes. Please list your Tribal Enrollment Number:

No

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](mailto: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](mailto:registrar@rice.edu)

## Institution Information

I am a full-time graduate student at:

Baylor College of Medicine

UT Health Science Center

Texas A&M IBT

University of Houston

Rice University

Home Institution Student ID Number:

University of Texas Medical Branch

MD Anderson Cancer Center

Anticipated Graduation Date:

I wish to enroll in a course or courses under the inter-institutional agreement at:

Baylor College of Medicine

UT Health Science Center

University of Houston

Rice University

University of Texas Medical Branch

Home Institution Student ID Number:

Host Institution Credit Hours Previously Completed (if previously attended):

## Course Information

Semester:

Spring

Summer

Fall

Subject/Course # (e.g. Math 212)	Course Title (e.g. Multivariate Calculus)	Credit Hours	Instructor Signature	Date

## Approvals

April 3, 2025

Academic Advisor Signature

Academic Advisor Printed Name

Date

Graduate Program Director/Dean Designee Signature

Graduate Program Director/Dean/Designee Printed Name

Date

Home Institution International Services Office Signature

Home Institution International Services Office Printed Name

Date

Home School Registrar/Designee Signature

Home School Registrar/Designee Printed Name

Date

## Student Signature

*By signing and submitting this agreement, you: 1) confirm that you meet the criteria to participate in this program; 2) confirm that the information you have supplied is correct; 3) consent to having the host institution send your home institution a transcript at the conclusion of the semester/term in which you are enrolled.*

Student Signature: \_\_\_\_\_

Date: April 3, 2025 \_\_\_\_\_