

**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><b>Gender</b></p> <p><input type="checkbox"/> -Female <input type="checkbox"/> -Male</p>	<p><b>Do you consider yourself to be Hispanic/Latino?</b></p> <p><input type="checkbox"/> -Yes <input type="checkbox"/> -No</p>	<p><b>Select any racial categories with which you identify yourself:</b></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><b>Are you a citizen of the United States of America?</b></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>
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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 \_\_\_\_\_