

**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. A criminal background check is required. Click [here](#) to see SPH's CBC information and directions, or contact the SPH Office of Student Affairs.
4. 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.
5. 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
-American Indian or Alaska Native
-Native Hawaiian or Pacific Islander

-Yes State of residence? _____ If Texas, County of residence? _____

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