

# 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