

Institution Information

I am a full-time graduate student at:

- | | | |
|---|--|---|
| <input type="checkbox"/> Baylor College of Medicine | <input type="checkbox"/> UT Health Science Center | <input type="checkbox"/> Texas A&M University IBT |
| <input type="checkbox"/> University of Houston | <input type="checkbox"/> Rice University | Home Institution Student ID Number: _____ |
| <input type="checkbox"/> University of Texas Medical Branch | <input type="checkbox"/> MD Anderson Cancer Center | Anticipated Graduation Date: _____ |

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Baylor College of Medicine | <input type="checkbox"/> UT Health Science Center | <input type="checkbox"/> MD Anderson Cancer Center |
| <input type="checkbox"/> University of Houston | <input type="checkbox"/> Rice University | <input type="checkbox"/> Texas A&M University IBT |
| <input type="checkbox"/> University of Texas Medical Branch | Host Institution Student ID Number (if previously attended): _____ | |
| Host Institution Credit Hours Previously Completed (if previously attended): _____ | | |

Course Information

Semester: Fall _____ Spring _____ Summer _____

Subject/Course # <small>(e.g. Math 212)</small>	Course Title <small>(e.g. Multivariate Calculus)</small>	Credit Hours	Instructor Signature	Date
Program Administrator Signature (BCM Students Only):				

Subject/Course # <small>(e.g. Math 212)</small>	Course Title <small>(e.g. Multivariate Calculus)</small>	Credit Hours	Instructor Signature	Date
Program Administrator Signature (BCM Students Only):				

Approvals

<i>Academic Advisor Signature</i>	<i>Academic Advisor Printed Name</i>	<i>Date</i>
<i>Graduate Program Director/Dean Designee Signature</i>	<i>Graduate Program Director/Dean/Designee Printed Name</i>	<i>Date</i>
<i>Home Institution International Services Office Signature</i>	<i>Home Institution International Services Office Printed Name</i>	<i>Date</i>
<i>Home School Registrar/Designee Signature</i>	<i>Home School Registrar/Designee Printed Name</i>	<i>Date</i>
—— Obtain all above signatures before submitting this to the host school registrar. ——		
<i>Host School Registrar/Designee Signature</i>	<i>Host School Registrar/Designee Printed Name</i>	<i>Date</i>

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: _____