

# CONCURRENT ENROLLMENT FORM

The University of Texas at Arlington

The University of Texas at Dallas

The University of Texas Southwestern Medical Center at Dallas

Today's Date:  Registration for:  Fall   Spring   Summer I   Summer II  (Not offered at UTSW)

Name (Last, First Middle):  Student ID #:

Address:  Home #:

City:  State:  Zip Code:  Cell #:

Email Address:  Work #:

Residency: TX Resident:  Yes If Yes, County Name:  County Code:   
 No Date of Birth:

US Citizen:  Yes Gender:  Female  
 No If you answered "No" to US Citizen, please provide the following information:  Male

Country of Citizenship:  Visa Type:

Country of Birth:  Country of Residence:

**NOTE: Students who are not U.S. citizens nor Permanent Residents MUST complete section B on page 2 of this form.**

Undergraduate Degree Awarded:  Institution:  Date Awarded:

Home Institution Info: Degree Sought:  Major:  Classification:  Last Semester Attended:

**SECTION A (Must be filled out completely).**

Course(s) to be taken at **HOME** institution:  UT Arlington  UT Dallas  UT Southwestern Medical Center at Dallas

Course Prefix	Course #	Section #	Course Title	Credit Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Hours Taken at **HOME** Campus

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature: Home Campus Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_  
 (or) Biomedical Engineering Department

Course(s) to be taken at **HOST** institution:  UT Arlington  UT Dallas  UT Southwestern Medical Center at Dallas

Course Prefix	Course #	Section #	Course Title	Credit Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Hours Taken at **HOST** Campus

Signature: Graduate Admissions Approval \_\_\_\_\_ Date \_\_\_\_\_ Signature: Advisor / Mentor's Approval to Take Course \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** Copy to: Department \_\_\_\_\_ Financial Aid \_\_\_\_\_ Accounting \_\_\_\_\_ International Office \_\_\_\_\_ Fee Remission/Waiver: (Yes) (No)  
 TSI Score: Reading \_\_\_\_\_ Math \_\_\_\_\_ Writing \_\_\_\_\_ Passed (Yes) (No) If exempt, based on: ASSET COMPASS ACCUPLACER THEA Other \_\_\_\_\_

**Must be completed by all students who are not U.S. citizens or Permanent Residents.**

**SECTION B**

**To be completed by F1/J1 Visa holders:**

I intend to register for \_\_\_\_\_ hours at my home institution and \_\_\_\_\_ hours at the above named school.

I understand that I must be enrolled in an equal number hours or more at my home institution in order to maintain my I-20.

I understand that if I reduce my enrollment (because of enrollment at another school) during Spring or Fall Semester, approval from my International Student Advisor must be obtained. I understand that I must show proof of completion of this course before the next long semester to remove the hold on my registration.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**To be completed by International Student Advisor**

The above named student is maintaining their current VISA status with our institution (Home Campus) and has been approved to take the classes on page one as a concurrently enrolled student as long he/she remains enrolled in all these courses.

\_\_\_\_\_  
International Student Advisor's Signature

\_\_\_\_\_  
Date

**To be completed by the Student Health Office or Registrar's Office at the student's Home institution.**

\_\_\_\_\_ has met the requirements for the Meningococcal Meningitis vaccine.  
Student Name (*Last, First Middle*)

\_\_\_\_\_  
Student Health or Registrar's Office Official Signature

\_\_\_\_\_  
Date

**Procedures for Concurrent Enrollment at:**

**The University of Texas at Arlington**

**The University of Texas at Dallas**

**The University of Texas Southwestern Medical Center at Dallas**

1. This form is to be used only for concurrent enrollment among two or more of the UT components named above. For information regarding concurrent enrollment at other institutions, contact the Registrar of your HOME institution.
2. Complete all required sections of this form and obtain required signatures.
3. Submit form to the appropriate office at your HOME campus for processing.
4. Registration is initiated through the student's HOME campus. Payment for courses is according to the payment grid to the right.
5. Student services and student health facilities are not available at the HOST campus unless you choose to pay these fees at the time of registration. Payment of these fees is to be made at the HOST campus.
6. Parking is reciprocal. You should contact the Parking or Security Office at the Host campus for details.
7. ADD/DROPS must be done in compliance with the HOST institution's policy. All F1 and J1 students must get approval from the International Office. On or before the host institution's Census Date, Adds/Drops may be done through the home institution's registrar. After Census Date, drops must be done at the HOST institution. **Note: After the concurrent enrollment form has been sent to the Host Campus for processing, an ADD/Drop form must be completed for all changes.**

Home Campus	Host Campus	Payment Made To
UTD	UTSW	UTSW
UTD	UTA	UTD
UTSW	UTD	UTD
UTSW	UTA	UTSW
UTA	UTD	UTD
UTA	UTSW	UTSW

**Additional Procedures for Concurrent Enrollment at The University of Texas at Dallas:**

Before registering at The University of Texas at Dallas, all students must provide proof of:

1. Official TB test (fax to (972) 883-2069 with a note "UTA or UTSW Concurrent Student" on it)
2. TSI scores (*applicable to incoming undergraduate students* - fax to 972-883-6335 with a note "UTA or UTSW Concurrent Student")

With few exceptions, you are entitled on your request to be informed about the information U.T. System collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. System collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.