

**The University of Texas Health Science Center at Houston  
Office of The Registrar**

Term/Year:  
Plan Code: **NDBIEM**

**McWilliams School of Biomedical Informatics Enrollment Form**

This form is to be completed by TMC employees OR an approved Fellowship Program participants **ONLY**. Current degree-seeking/Certificate students are **NOT** eligible to complete this form. The completed form must be submitted with all signatures by the deadline dates Spring – 12/15; Summer - 5/1; Fall - 8/1 of every year.

**INSTRUCTIONS:**

1. Obtain approval of immediate supervisor.
2. Obtain McWilliams Instructor or Office of Academic Affairs approval.
3. Submit unofficial transcript(s) or diploma showing baccalaureate degree or higher.
4. Complete the [residency questionnaire](#) if it's the firsttime enrolling or if over one year since last enrolled. Please submit Residency Questionnaire Form to email [ResiForm@uth.tmc.edu](mailto:ResiForm@uth.tmc.edu). Click [HERE](#) for information about Texas Resident Tuition.
5. Return enrollment form to [registrar@uth.tmc.edu](mailto:registrar@uth.tmc.edu).
6. Pay a \$50.00 non-refundable application fee, Payment is processed via [Bursar's Office](#), UCT 2240.
7. Criminal Background Checks are required (separate from employment CBC). See the [McWilliams site](#) for more information.
8. Immunizations are required of all students attending in person courses. Please complete the immunization record accessible [HERE](#). If you will enroll in 100% online courses, please contact [SBMIAcademics@uth.tmc.edu](mailto:SBMIAcademics@uth.tmc.edu) to be considered for an Immunization waiver.
9. Non-U.S. citizens must obtain clearance through the Office of International Affairs [utoiahouston@uth.tmc.edu](mailto:utoiahouston@uth.tmc.edu).
10. Pay tuition and fees by logging into your myUTH account at <https://my.uth.tmc.edu> or in-person at the Bursar's Office, UCT 2240.

- Credit enrollment - I am a Texas Medical Center employee  
 - Credit Enrollment – I am in an approved Fellowship program

Term of enrollment (Spring, Summer, Fall): \_\_\_\_\_ Year of enrollment: \_\_\_\_\_

Is this your first term of enrollment?  Yes  No E-mail \_\_\_\_\_

|                                    |        |    |          |                                       |
|------------------------------------|--------|----|----------|---------------------------------------|
| Name (Last, First, Middle, Suffix) |        |    |          | UTHealth Student Number (if assigned) |
| Home Street Address                |        |    |          | Home Phone                            |
| City                               | County | ST | Zip code | Work Phone                            |
| Place of Employment                |        |    |          | Date of Birth (mm/dd/yyyy)            |

|   |   |   |  |
|---|---|---|--|
| <b>Gender</b><br><input type="checkbox"/> -Female<br><input type="checkbox"/> -Male | <b>Do you consider yourself to be Hispanic/Latino?</b><br><input type="checkbox"/> -Yes<br><input type="checkbox"/> -No | <b>Select any racial categories with which you identify yourself:</b><br><input type="checkbox"/> -White<br><input type="checkbox"/> -Black<br><input type="checkbox"/> -Asian<br><input type="checkbox"/> -American Indian or Alaska Native<br><input type="checkbox"/> -Native Hawaiian or Pacific Islander | <b>Are you a citizen of the United States of America?</b><br><input type="checkbox"/> No..... Type of visa: _____<br>Country of citizenship: _____<br><input type="checkbox"/> Yes ..... If you have NOT resided in Texas for the previous 12 months, what is your prior state of residence? _____ |
|---|---|---|--|

Name of University/College where baccalaureate degree was earned: \_\_\_\_\_  
 Otherwise, what is your Texas County of residence? \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Dates of attendance \_\_\_\_\_

**Employee must be affiliated with one of the institutions of the Texas Medical Center.**

| Course | Web/In-person | Course Title | Course Hrs.* | Instructor/OAA Staff | Signature |
|--------|---------------|--------------|--------------|----------------------|-----------|
|        |               |              |              |                      |           |
|        |               |              |              |                      |           |

\* Enter course/semester credit hours

Name of Supervisor OR Fellowship Coordinator—Please print clearly \_\_\_\_\_ Signature of Supervisor OR Fellowship Coordinator \_\_\_\_\_

Affiliate TMC Organization \_\_\_\_\_ Signature of Student \_\_\_\_\_