



School of Biomedical Informatics

The University of Texas
Health Science Center at Houston

Application for Re-Entry

This form is for students who have previously been a student in the School of Biomedical Informatics (SBMI) at the University of Texas Health Science Center at Houston and have not been enrolled for two consecutive registration periods (including the summer session) and are seeking re-entry after non-attendance. A statement of your intent for reentry should also accompany this form upon submission. A former student who has not enrolled in three or more consecutive registration periods must reapply for admission to the program. Students are encouraged to contact their advisor or program coordinator prior to completing this form.

STUDENT INFORMATION

Full legal name (international students, please list your name as it appears on your passport)

Last (Family) First Middle

Previous name, if any _____
Last (Family) First Middle

Permanent address _____
Street City
State Zip Country () -
(Area Code) Telephone Number

Mailing address _____
Street City
State Zip Country () -
(Area Code) Telephone Number

Student ID#: _____ Date of birth: ___/___/___
Month/day/year Email address: _____

ENROLLMENT INFORMATION

Last term enrolled _____ Term returning _____
Department name _____ Program name _____
Education goal (MS/PHD etc.) _____ Expected graduation date _____

POST-SECONDARY EDUCATION

Have you attended any institution of higher education since your last term at SBMI? You may be required to submit an official transcript from any institutions you have attended since your last term of enrollment.

Yes ___ No ___

Name of institution Dates of attendance

___ I have attached a statement of my intent for re-entry

I hereby certify that the information I have provided is complete and correct.

Signature _____ Date _____

Student ID: _____ **Student's Name:** _____

Comments and Recommendations for Re-Entry should be indicated below.

Student's Previous Advisor/Program Coordinator - Comments and Recommendations	
_____ _____ _____	
Name (print or type)	Signature/Date

Admissions Committee - Comments and Recommendations	
_____ _____ _____	
Name (print or type)	Signature/Date

Other Comments and Recommendations	
_____ _____ _____	
Name (print or type)	Signature/Date