

**REQUEST FOR ENROLLMENT UNDER THE JOINT RECIPROCAL AGREEMENT BETWEEN
THE UNIVERSITY OF MEMPHIS AND THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER**

Today's Date: _____

I. GENERAL INFORMATION

Full Legal Name: _____ Student UID: U00 _____

Local Mailing Address: _____

Telephone Number: _____ E-mail: _____

Home Institution: The University of Memphis The University of Tennessee, Memphis

Academic Major: _____

Have you ever taken graduate courses from the institution in which you are requesting enrollment? Yes No If yes, what year? _____ Course Type: Elective Required

II. REQUESTED COURSE INFORMATION

Course Number	Course Title	Section Number	Time	Credit Hours

III. Permission is requested for the above student in good standing to register in the above course(s) during the Fall Spring Summer Year _____

REQUESTING DEPARTMENT CHAIR:

Print and Sign

Date: _____

REQUESTING DEAN:

Print and Sign

Date: _____

APPROVING DEAN:

Print and Sign

Date: _____

**THE UNIVERSITY OF MEMPHIS
ADMISSION & REGISTRATION PROCEDURES**

1. Complete all information on this form and obtain the required signatures at least 3 weeks before the beginning of the semester. **LATE REGISTRATION CANNOT BE ACCOMMODATED.**
2. Complete U of M application for admission or readmission, if appropriate.
3. Return application to:

U of M Graduate Admissions
John S. Wilder Tower, 8th Floor
3675 Alumni Avenue
Memphis, TN 38152
(901) 678-3685

4. The Approving Dean for the University of Memphis is located on the 8th floor of the John S. Wilder Tower.

**THE UTHSC ADMISSION & REGISTRATION
PROCEDURES**

1. Complete all information on this form and obtain required signatures at least 3 weeks before the beginning of the semester.
2. Complete the UTHSC Non-Degree Student Enrollment Form and return to the Registrar's Office, 119 Randolph Hall, 790 Madison Avenue, Memphis, TN 38163.
3. Student will be expected to register during the regularly established registration date at UTHSC
4. To obtain a parking permit, contact Parking Services, 314 Student-Alumni Center, 800 Madison Avenue (901) 528-5546.

COLLEGE ACADEMIC DEANS

College	Building	Telephone Number
Allied Health	322 Beale	528-6304
Denistry	102 Dunn	528-6992
Graduate Health Sciences	200 Faculty	528-5538
Medicine	400 Hyman	528-5506
Nursing	620 Alexander	528-6128
Pharmacy	236 Faculty	528-6120