
THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
The Office of Enrollment Services



JOINT RECIPROCAL AGREEMENT ADMISSION AND REGISTRATION PROCEDURES

1. UNIVERSITY OF MEMPHIS:

- (a) Complete the reverse side and obtain required signatures at least three (3) weeks before the beginning of the semester. Late registration cannot be accommodated.
- (b) Complete attached University of Memphis (hereinafter referred to as "UM") application for admission or readmission, if appropriated.
- (c) Return material to the Office of Graduate Admissions, 101 Wilder Tower, Suite 204, Memphis, TN 38152-3370, Phone: (901) 678-2911.
- (d) Registration confirmation will be mailed to the student.
- (e) Student will register on campus at designated time.

2. THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER:

- (a) Complete the reverse side of this application form and obtain the required signatures at least three (3) weeks before the beginning of the term.
- (b) Review The University of Tennessee Health Science Center (hereinafter referred to "UTHSC") Honor Code Pledge and sign.
- (c) Complete and return the "UTHSC" Non-Degree Student Enrollment Form to the Registrar's Office, Medical Center Plaza Complex, 910 Madison Avenue, Suite 525, Memphis, Tennessee 38163.
- (d) Student will be expected to register during the regularly established registration dated at "UTHSC". Students will have a 14-day grace period to drop or add a course(s) after the first day of class.
- (e) To obtain parking permit, contact Parking Services, 45 North Manassas, Telephone (901) 448-5546.
- (f) College Academic Deans:

<u>COLLEGES</u>	<u>BUILDING</u>	<u>TELEPHONE</u>
ALLIED HEALTH	920 MADISON, #600	(901) 448-6304
DENTISTRY	102 DUNN	(901) 448-6962
GRADUATE HEALTH SCIENCE	410 HYMAN	(901) 448-5538
MEDICINE	420 HYMAN	(901) 448-5506
NURSING	645 LAMAR ALEXANDER	(901) 448-6132
PHARMACY	236 JOE AND PAT JOHNSON	(901) 448-6120

- (f) Enrollment Services **910 MADISON, #525 (901) 448-5264**

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
The Office of enrollment Services



REQUEST FOR ENROLLMENT UNDER THE
JOINT RECIPROCAL AGREEMENT
BETWEEN
UNIVERSITY OF MEMPHIS and UNIVERSITY OF TENNESSEE, MEMPHIS

1. SOCIAL SECURITY NO. _____

2. NAME: _____

CURRENT ADDRESS: _____

TELEPHONE NO. _____
(Home/Resident) (Business) (Cell/Pager)

3. INSTITUTION: _____

ACADEMIC MAJOR: _____

Have you taken graduate courses from the institution in which you are requesting enrollment?

YES, if so, please give year _____

NO

4. Complete information below:

COURSE	NO.	TITLE	SECTION NO.	TIME	CREDIT HOURS

5. Permission is requested for the above student at Memphis State University "UT" Memphis who is in good academic standing to register in the above (elective, required) course(s) during the _____ Semester, at _____

REQUESTING DEPARTMENT CHAIRMAN SIGNATURE

DATED

REQUESTING DEAN SIGNATURE

DATED

APPROVING DEAN SIGNATURE

DATED