

**Approval to Register Form
Non-Degree Students
The School of Graduate Studies in the Health Sciences**

Student's Name: _____

Student's Email Address: _____

Date: _____

Are you currently a UMMC employee? Yes No

Desired Term and AY for enrollment: _____

Have you taken SGSHS courses previously as a Non-Degree Seeking Student? Yes No

Total number of total hours previously taken as a Non-Degree Seeking Student: _____

What course do you wish to take (course no./name)? _____

What is the purpose(s) for enrolling in this course?

Signatures:

Course Director:

Signature

Date

Dean, School of Graduate Studies in the Health Sciences:

Signature

Date

A maximum of 9 credit hours may be taken as a Non-Degree Student.