

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



**COLLEGE OF GRADUATE HEALTH SCIENCE
BME STUDENT ENROLLMENT AND RECIPROCAL AGREEMENT FORM**

Please place a mark in all applicable box(s)

1. Name: _____
(Last Name) (First Name) (Middle Name)
2. Student Identification No. (Social Security No.) _____
3. Present mailing address: _____
(Street & Number) (City) (State) (Zip-Code)
4. Permanent Address: _____
(Street & Number) (City) (State) (Zip-Code)
5. Telephone No.(s): _____
(Home) (Business) (Cell)
6. Birth Information: _____
(Date of Birth) (Place of Birth – City, State)
7. Are you presently on a VISA status? No Yes, if so, type of VISA: _____
8. Race: American Indian or Alaskan Native Hispanic Asian or Pacific Islander White African American Other
Specify: _____
9. Sex: Male Female
10. Marital Status: Single Married Divorced

ENROLLMENT CLASSIFICATION INQUIRY

- Enrollment Term: Fall Winter/Spring Summer Year: _____
- Residency: In-State County: _____
- Out-of-State County/State: _____
- Student Resident Employee Other

LIST ALL COLLEGES, UNIVERSITIES, PROFESSIONAL AND GRADUATE SCHOOLS ATTENDED: (attach additional sheet(s) if need)

COLLEGE UNIVERSITY	CITY, STATE	DEGREE AWARDED	DATES ATTENDED FROM - TO

DEPARTMENT	NUMBER	COURSE DESCRIPTION	HOURS

DEPARTMENT APPROVED SIGNATURE _____ DATED _____

BURSAR OFFICE USE ONLY

TUITION AMT. \$ _____ AMT. WAIVED \$ _____ APPROVED: _____

RECEIPT NO. _____ DATED: _____