REGISTRATION PROCEDURES FOR NON-DEGREE SEEKING STUDENTS

1. University of Memphis (hereinafter referred to "UM") Graduate Students may register for courses offered by the various colleges at the University of Tennessee (hereinafter referred to "UT") Memphis under a "Joint Reciprocal Agreement" (hereinafter referred to "JRA") between the two (2) institutions. The Assistant/Associate Dean of Academic Affairs of the respective college in which the course is based must be approved. The student must complete both the "JRA" form and the UT Memphis Non-Degree Student Enrollment Form (note reverse side of "JRA"). The following approval signatures must be obtained.

   Approvals: "UM" Graduate Dean (Room 308, Administration Building) per "JRA"
   "UT" Memphis Graduate Dean (920 Madison, 4th Floor, Suite 407)
   Course Director
   Department Chair of Department in which course is based
   Academic Dean of College in which course is based

2. "UT" Memphis students may register for courses offered by "UM" under the "JRA". Students may obtain "UM" applications and "JRA" forms in "UT" Memphis Registrar's Office (Medical Center Plaza Complex, 910 Madison Avenue, Suite 520). The payment of UM application fees and completion of the UM application form is the responsibility of the student.

   Approvals: "UM" Graduate Dean (Room 308, Administration Building) per "JRA"
   "UT" Memphis Academic Dean of College in which student/staff is based per “JRA”

3. "UT" Memphis staff (residents, other employees) may register for courses offered by the various colleges at "UT" Memphis. Payment of tuition and fees is the responsibility of the student.

   Approvals: "UT" Memphis supervisor/mentor (if applicable)
   Course Director/Instructor
   Department Chair of Department in which course is based
   Academic Dean of College in which course is based

4. Individuals not enrolled or employed at "UT" Memphis - contact Academic Affairs Deans in colleges listed below for policies and procedures regarding enrollment of non-degree seeking students.

<table>
<thead>
<tr>
<th>COLLEGES</th>
<th>BUILDING</th>
<th>TELEPHONE</th>
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<tbody>
<tr>
<td>HEALTH PROFESSIONS*</td>
<td>930 MADISON, 6TH FLR., #600</td>
<td>(901) 448-5581</td>
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<tr>
<td>*The College of Allied Health requires students to submit a petition to the Dean's Office in order to enroll as non-degrees student</td>
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<tr>
<td>DENTISTRY</td>
<td>102 DUNN</td>
<td>(901) 448-6962</td>
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<tr>
<td>GRADUATE HEALTH SCIENCE</td>
<td>920 MADISON, 4TH FLR., #407</td>
<td>(901) 448-5538</td>
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<td>MEDICINE</td>
<td>910 MADISON, 10TH FLR., #1002</td>
<td>(901) 448-5506</td>
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<tr>
<td>NURSING</td>
<td>645 LAMAR ALEXANDER 6TH FLR.</td>
<td>(901) 448-6132</td>
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<tr>
<td>PHARMACY</td>
<td>881 MADISON AVE</td>
<td>(901) 448-6036</td>
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<tr>
<td>ENROLLMENT SERVICES</td>
<td>910 MADISON, #520</td>
<td>(901) 448-5264</td>
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# Non-Degree Student Enrollment Form

1. Name: ___________________________ (Last Name) ___________________________ (First Name) ___________________________ (Middle Name)

2. Student Identification No. (Social Security No.) ___________________________ (E-Mail address) ___________________________

3. Permanent mailing address: ___________________________ (Street & Number) ___________________________ (City) ___________________________ (State) ___________________________ (Zip-Code) ___________________________

4. Telephone No.(s): ___________________________ (Home) ___________________________ (Business) ___________________________ (Cell) ___________________________

   In case of Emergency: ___________________________ (Contact Person) ___________________________ (Telephone No.) ___________________________

5. Birth Information: ___________________________ (Birth Date) ___________________________ (Birth Place) ___________________________ (Country or Citizenship) ___________________________

6. Are you presently on a VISA status?  
   W No  W Yes, if so, type of VISA: ___________________________

7. The U.S. Department of Health and Human Services requires that we collect the following information:
   a) Race:  
      W American Indian or Alaskan Native  W Hispanic  W Asian or Pacific Islander  W White  W African American  W Other  
   b) Sex:  
      W Male  W Female  
   c) Marital Status:  
      W Single  W Married  W Divorced  

8. Enrollment Term:  
   W Fall  W Winter/Spring  W Summer  Year: ___________________________

   Residency:  
   W In-State  County: ___________________________
   W Out-of-State  County/State: ___________________________

   W Student  W Resident  W Employee  W Other

LIST ALL COLLEGES, UNIVERSITY, PROFESSIONAL, AND GRADUATE SCHOOLS ATTENDED:

<table>
<thead>
<tr>
<th>College and/or University</th>
<th>City, State</th>
<th>Degree Awarded</th>
<th>Dates Attended (MM/YY) From</th>
<th>To</th>
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APPROVAL IS REQUESTED TO ENROLL IN THE FOLLOWING:

<table>
<thead>
<tr>
<th>COURSE NUMBER</th>
<th>DEPT.</th>
<th>COURSE DESCRIPTION</th>
<th>NUMBER OF HOURS</th>
<th>INSTRUCTOR'S INITIAL</th>
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APPROVED BY: ___________________________ SIGNATURE OF DEPARTMENT CHAIR ___________________________ DATED ___________________________

SIGNATURE OF DEPARTMENT ACADEMIC DEAN ___________________________ DATED ___________________________

NOTE: One form must be completed for each course. No more than nine (9) hours may be taken as a non-degree student in the College of Graduate Health Sciences. After all approval signatures have been obtained, this form must be received by the University of Tennessee Registrar Office at least three (3) weeks prior to the beginning of the semester.
HONOR CODE PLEDGE

The University of Tennessee Health Science Center (“UTHSC”) expects and requires all students to exemplify personal integrity and responsibility in the classroom, laboratory, clinics, and other academic endeavors. UTHSC also expects and requires UTHSC students to interact with patients, colleagues, and other members of the university community in a professional and ethical manner. These expectations and requirements provide the foundation for the UTHSC Honor System (“Honor System”).

Please read carefully the Honor Code prior to signing the pledge attached below. It is important for you to understand the provisions of the Code as it pertains to all aspects of your academic training.

This signed pledge is an essential part of your registration and should be returned promptly to:

One Stop Shop
910 Madison Ave., Suite 105
Memphis, TN 38163

Your registration is not complete until the Honor Code Pledge is signed and returned.

PLEDGE OF THE HONOR CODE

I have read carefully the provisions of Honor Code of the University of Tennessee Health Science Center and fully understand its meaning and significance, and I agree to abide by this Honor Code while a student enrolled at this institution and agree to accept all of its implications without reservation.

Student ID Number:

Name (print):

City/Town, State, Zip-Code

College/Department:

Student Signature

Date