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 the 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 as "UTHSC") Honor Code Pledge and sign.

(c) Complete this form and return along with the "UTHSC" Non-Degree Student Enrollment Form to the Registrar’s Office.

Medical Center Plaza Complex, 910 Madison Avenue, Suite 520, 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, 740 Court Ave, Telephone (901) 448-5414.

(f) College Academic Deans:

<table>
<thead>
<tr>
<th>COLLEGES</th>
<th>BUILDING</th>
<th>TELEPHONE</th>
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</thead>
<tbody>
<tr>
<td>ALLIED HEALTH</td>
<td>930 MADISON, 6TH FLOOR</td>
<td>(901) 448-5581</td>
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<tr>
<td>DENTISTRY</td>
<td>875 UNION</td>
<td>(901) 448-6200</td>
</tr>
<tr>
<td>GRADUATE HEALTH SCIENCE</td>
<td>920 MADISON, STE. 407</td>
<td>(901) 448-5538</td>
</tr>
<tr>
<td>MEDICINE</td>
<td>910 MADISON, STE. 1002</td>
<td>(901) 448-5529</td>
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<tr>
<td>NURSING</td>
<td>920 MADISON</td>
<td>(901) 448-6128</td>
</tr>
<tr>
<td>PHARMACY</td>
<td>881 MADISON</td>
<td>(901) 448-6036</td>
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(f) Enrollment Services 910 MADISON, #525 (901) 448-5568
REQUEST FOR ENROLLMENT UNDER THE 
JOINT RECIPROCAL AGREEMENT 
BETWEEN 
UNIVERSITY OF MEMPHIS and UNIVERSITY OF TENNESSEE, MEMPHIS

1. SOCIAL SECURITY NO (LAST 4): ________________________________

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:

<table>
<thead>
<tr>
<th>COURSE NO.</th>
<th>TITLE</th>
<th>SECTION NO.</th>
<th>TIME</th>
<th>CREDIT HOURS</th>
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5. Permission is requested for the above student at University of Memphis “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 ______________________