



# ENROLLMENT MANAGEMENT

## Office of Admissions

### Non-Degree Student Application

*Due no later than three (3) weeks prior to the start of the desired enrollment term.*

#### Demographic Information:

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Permanent Address: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip Code)

Local Address: \_\_\_\_\_  
(Street & Number) (City) (State) (Zip Code)

Telephone: \_\_\_\_\_  
(Home) (Cell) (Business)

In Case of Emergency: \_\_\_\_\_  
(Contact Person) (Telephone No.)

Birth Information: \_\_\_\_\_  
(Birth Date) (Birth Place) (Country of Citizenship)

Race: \_\_\_ African American \_\_\_ White \_\_\_ Other/ Specify \_\_\_\_\_

Sex: \_\_\_ Male \_\_\_ Female \_\_\_ Other/ Specify \_\_\_\_\_

Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced

Email: \_\_\_\_\_  
(Personal Email) (Preferred Email)

Signature: \_\_\_\_\_  
(Student Signature) (Date)

\_\_\_\_\_  
(Instructor Signature) (Date)

#### Enrollment Information:

Enrollment Term: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year \_\_\_\_

#### Previous College:

\_\_\_\_\_  
(College) (Degree Awarded)

\_\_\_\_\_  
(College) (Degree Awarded)

I am seeking enrollment in the following course(s):

Course	Title	Section No.	Time	Credit Hours
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Email completed application to [uthscadmit@uthsc.edu](mailto:uthscadmit@uthsc.edu) for program enrollment approval three (3) weeks prior to the start of the enrollment term.

**Non-degree students are not permitted to enroll in more than six (6) credits hours.**