

Cooperative/Consortium Program

Application/Registration Form

University of Texas System
Texas A&M University System

Today's Date: Registration for: Fall Spring Summer SSN #:

Name (Last, First, Middle): Student ID #:

Address: Home #:

City: State: Zip Code: Cell #:

Email Address: Work #:

Residency: TX Resident: Yes If Yes, County Name: County Code:
 No

Date of Birth:

US Citizen: Yes No If you answered "No" to US Citizen, please provide the following information:
Gender: Female Male

Country of Citizenship: Visa Type:

Country of Birth: Country of Residence:

NOTE: Students who are not U.S. citizens nor Permanent Residents MUST complete section B on page 2 of this form.

Undergraduate Degree Awarded: Institution: Date Awarded:

Home Institution Info: Degree Sought: Major: Classification: Last Semester Attended:

SECTION A (Must be filled out completely).

Course(s) to be taken at **HOME** institution: UT Dallas Texas A&M University

| ADD/DROP | Course Prefix | Course # | Section # | Course Title | Credit Hours |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Hours Taken at **HOME** Campus

Student's Signature Date Signature: Student's Graduate Adviser or Chair Date
Home Institution

Signature: Dean, Graduate School Date Signature: Registrar's Office Date
Home Institution

Course(s) to be taken at **HOST** institution: UT Dallas Texas A&M University

| ADD/DROP | Course Prefix | Course # | Section # | Course Title | Credit Hours |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Total Hours Taken at **HOST** Campus

Signature: Instructor's Date Signature: Dean Graduate School Date
Host campus Course 1

Signature: Instructor's Date Signature: Registrar's Office Date
Host campus Course 2

FOR OFFICE USE ONLY: Copy to: Department _____ Financial Aid _____ Accounting _____ International Office _____ Fee Remission/Waiver: (Yes) (No)
TSI Score: Reading _____ Math _____ Writing _____ Passed (Yes) (No) If exempt, based on: ASSET COMPASS ACCUPLACER THEA Other _____

Must be completed by all students who are not U.S. citizens or Permanent Residents.

SECTION B

To be completed by F1/J1 Visa holders:

I intend to register for _____ hours at my home institution and _____ hours at the above named school.

I understand that I must be enrolled in an equal number hours or more at my home institution in order to maintain my I-20.

I understand that if I reduce my enrollment (because of enrollment at another school) during Spring or Fall Semester, approval from my International Student Advisor must be obtained. I understand that I must show proof of completion of this course before the next long semester to remove the hold on my registration.

Student's Signature

Date

To be completed by International Student Advisor

The above named student is maintaining their current VISA status with our institution (Home Campus) and has been approved to take the classes on page one as a concurrently enrolled student as long he/she remains enrolled in all these courses.

International Student Advisor's Signature

Date

To be completed by the Student Health Office or Registrar's Office at the student's Home Institution.

_____ has met the requirements for Meningococcal Meningitis vaccine.

Student Name (Last, First Middle)

Student Health or Registrar's Office Official Signature

Date

Procedures for Cooperative Enrollment:

1. This form is to be used only for cooperative enrollment between the University of Texas System schools and Texas A&M University. System schools. For information regarding concurrent enrollment at other institutions, contact the Registrar of your HOME institution.
2. Complete all required sections of this form and obtain required signatures.
3. Submit form to the appropriate office at your HOME campus for processing. The HOME campus will forward the completed form to the HOST campus and will handle registration of the student in the appropriate course at their HOME campus. All tuition and fees will be paid at the HOME campus.
4. The HOST campus will review the submitted form and notify the HOST campus of approval or denial of the request. If approved the graduate dean at the HOST campus will certify the course grade to the graduate dean at the HOME campus.
5. Student services and student health facilities are not available at the HOST campus unless you choose to pay these fees at the time of registration. Payment of these fees is to be made at the HOST campus.
6. Parking is reciprocal. You should contact the Parking or Security Office at the HOST campus for details.
7. ADD/DROPS must be done in compliance with the HOME institution's policy. All F1 and J1 students must get approval from the International Office. Adds/Drops are done by completing this form and obtaining the appropriate signature. The form is submitted to the HOME institution's registrar and then forwarded to the HOST institution.
8. Before registering at The University of Texas at Dallas, all international students must provide proof of Official TB test to the Student Health Center. Students may fax these documents to (972) 883-2069 with a note "Texas A&M Cooperative Student" on it.

With few exceptions, you are entitled on your request to be informed about the information U.T. System collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. System collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.