



**Office of the University Registrar**  
Office Hours: Mon-Fri 8am-5pm  
Medical Building – Room 317L  
(210) 567-2621 • registrars@uthscsa.edu

**Cross Enrollment Form within UT Health San Antonio Schools**

Last		First	Middle	Today's Date
Address			Phone	
UTHSCSA ID#	School		Program	

**Course(s) requesting to be taken at another UTHSCSA School**

Course Subject	Course #	Course Title	Credit Units	Course Instructor Signature

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval to take the course from student's program:**

Department Chair/Program Director/COGS Chair: \_\_\_\_\_

Associate/Assistant Dean: \_\_\_\_\_

**Approval from the UTHSCSA School offering the course:**

Department Chair/Program Director: \_\_\_\_\_

Associate/Assistant Dean: \_\_\_\_\_

Note: The course in which you are seeking to cross enroll must fit within the academic calendar of your program of study.