



**University of Mississippi Medical Center**  
**John D. Bower School of Population Health**  
**Non-Degree Seeking Enrollment Request Form**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Are you currently a UMMC employee? \_\_\_ Yes \_\_\_ No

If, yes, provide UMMC ID: \_\_\_\_\_

Have you taken SOPH courses previously as an NDSS? \_\_\_ Yes \_\_\_ No

If yes, provide the total number of hours previously taken as an NDSS: \_\_\_\_\_

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

| Course Number and Name | The purpose of requesting to enroll in the course listed. | Course Director Approval/Signature |
|------------------------|---|------------------------------------|
|                        |   |                                    |
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*I, \_\_\_\_\_ understand that by submitting this form I am requesting to enroll as a Non-Degree Seeking Student in the John D. Bower School of Population Health at the University of Mississippi Medical Center.*

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Dean, or designee: \_\_\_\_\_ Date: \_\_\_\_\_