

**Approval to Register Form  
Non-Degree Students  
The School of Graduate Studies in the Health Sciences**

**Student's Name:** \_\_\_\_\_

**Student's Email Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Are you currently a UMMC employee?      Yes      No

Have you taken SGSHS courses previously as a Non-Degree Seeking Student?      Yes      No

Total number of total hours previously taken as a Non-Degree Seeking Student: \_\_\_\_\_

**What course do you wish to take (course no./name)?** \_\_\_\_\_

**What is the purpose(s) for enrolling in this course?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Signatures:**

**Course Director:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Program Director:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Dean, School of Graduate Studies in the Health Sciences:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**A maximum of 9 credit hours may be taken as a Non-Degree Student.**