## SPECIAL STUDENT Registration -- CREDIT

(Submit form to Graduate School - N204)

Name:



THE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

BAYLOR COLLEGE OF MEDICINE

Non-matriculated individuals who are employees of Baylor College of Medicine (e.g. staff, postdoctoral fellows, faculty) and who hold at least an undergraduate degree from a four-year, accredited university may register for courses as noted in the Graduate School course schedule. Special students may not take courses at other universities through the reciprocal agreement. Consent from the employer (as indicated by signing below) and course instructor is required when a BCM employee takes a course as a special student. BCM graduate students will be given priority for courses with limited enrollment.

A maximum of 15 term hours of credit as a special student, inclusive of graded and audit hours is allowed. Petitions for exceptions should be directed to the Dean of the Graduate School. The performance of a special student is subject to review by the Graduate School Promotions Committee. All grades count toward the 15 hour limit, including grades of C and F. Special Students who receive a C or F in any course will not be allowed to register for additional courses.

BCM ID:

Home Address:			BCM Dept.:	
		_	Job Title:	
Home Phone:			Email Address:	
ECA (user name):			Date of Birth:	
Univers		dergraduate Degree Received	(Transcripts may b	
University:			Degree Awarded: Degree Date:	
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Term	Course #	Course Title	Credit Hrs.	Instructor's Signature
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tify that the receive a go o understa dline) or a ool and I d	e above informat grade of A, B, C o and that if I decide withdrawal form lo not take the fin	ion is correct and I fully understand that or F, or a Pass/Fail depending on how the I do not want to finish this course that (before the final exam is given). If I do ral exam I understand that I will receive	t as a SPECIAL STUDEN he course is graded I must complete a drop not submit a completed d a grade of "F".	form (see Graduate School for drop
ired App	roval:	Supervisor Name (please print):		
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	ervisor Signati	ure:		e:
		sted above, this individual has enrolled for		n allowed as a special student.
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	ol Official:	Signature	 Date	_