



Special Student Registration-AUDIT

This form is submitted to gsbs-forms@bcm.edu or in the Graduate School dropbox in Room N204



Individuals in the following categories may AUDIT Graduate School courses:

- Member of the BCM faculty
- Member of the BCM staff
- BCM trainee (e.g. postdoctoral fellow, clinical fellow)

BCM staff and trainees must obtain written consent from their faculty supervisor to audit Graduate School courses. No more than 15 term hours, inclusive of audit and graded hours, may be accumulated. Transcripts will bear the course name and will be marked AU (audit). BCM graduate students will be given priority for courses with limited enrollment.

Name: _____ BCM ID #: _____

Home Address: _____ Title: _____

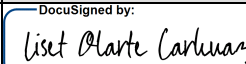
City/State/Zip: _____ Department: _____

Home Phone: _____ Work Phone: _____

ECA (username): _____ BCM email: _____

Date of Birth: _____ Office Location: _____

Is this the first time you have registered for a graduate course at BCM since 7/01/2022? No Yes If yes, also complete page 2 below.

Course Information				
Term (1-5):	Course #	Title	Hrs	Instructor Signature
1	GS-CT-6300	Fundamentals of Clinical Investigation	3	<small>DocuSigned by:</small>  <small>744AD4D8E57949F...</small>

This form must be submitted during the registration period that can be found on the academic calendar on the GSBS website: <https://www.bcm.edu/education/graduate-school-of-biomedical-sciences/curriculum>.

I certify that the above information is correct and I fully understand that as an AUDIT student I will not take any exams, nor will I receive a grade.

Special Student: _____
Signature Date

Student's Supervisor: Signature: _____ Date: _____
Printed Name: _____

Certification of Eligibility (to be completed by Graduate School)	
Prior to the courses listed above, this individual has enrolled for _____ credit hours of the 15-hour maximum allowed as a special student.	
Graduate School Official: _____	Date: _____

Special Student Socioeconomic & Demographic Questionnaire

Required the first time a Special Student registers for a graduate course, effective 7/1/2022.

Baylor College of Medicine collects demographic data on all students registering for courses, including special students. This page should be submitted with the Special Student-Audit form above when registering for a graduate course for the first time.

Your data will be kept private and used only in aggregated, de-identified form for internal assessment purposes such as institutional effectiveness, and for external reporting such as to BCM's regional accreditation organization, SACSCOC. The definitions in part I are based on NIH guidelines.

Name: _____ BCM ID #: _____

Part 1: To be completed by All Students			
Please enter answers for all sections.			
Gender:		Ethnicity:	
Citizenship:		Race:	
What is the highest education level attained by your parent/legal guardian(s)? <i>If your parent/legal guardian did not attain their degree in the United States, please select the closest equivalent.</i>			

Part 2: US Citizens or Permanent Residents Only		
Please check yes or no for each criteria		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Were or currently are homeless, as defined by the McKinney-Vento Homeless Assistance Act (Definition: https://nche.ed.gov/mckinney-vento/)
<input type="checkbox"/>	<input type="checkbox"/>	2. Were or currently are in the foster care system, as defined by the Administration for Children and Families (Definition: https://www.acf.hhs.gov/cb/focus-areas/foster-care)
<input type="checkbox"/>	<input type="checkbox"/>	3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: https://www.fns.usda.gov/school-meals/income-eligibility-guidelines)
<input type="checkbox"/>	<input type="checkbox"/>	4. Have/had no parents or legal guardians who completed a bachelor's degree (see https://nces.ed.gov/pubs2018/2018009.pdf)
<input type="checkbox"/>	<input type="checkbox"/>	5. Were or currently are eligible for Federal Pell grants (Definition: https://www2.ed.gov/programs/fpg/eligibility.html)
<input type="checkbox"/>	<input type="checkbox"/>	6. Received support from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) as a parent or child (Definition: https://www.fns.usda.gov/wic/wic-eligibility-requirements)
<input type="checkbox"/>	<input type="checkbox"/>	7. Grew up in one of the following areas: a. a U.S. rural area, as designated by the Health Resources and Services Administration (HRSA) Rural Health Grants Eligibility Analyzer (https://data.hrsa.gov/tools/rural-health) b. a Centers for Medicare and Medicaid Services- designated Low-Income and Health Professional Shortage Areas (qualifying zipcodes are included in the file). <i>Only one of the two possibilities in #7 can be used as a criterion for the disadvantaged background definition.</i>
		Total Number of "Yes" boxes checked.

Part 3: International Students Only		
Please check yes or no for each criteria		
YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have/had no parents or legal guardians who completed a bachelor's degree.
<input type="checkbox"/>	<input type="checkbox"/>	2. Self-identify as having grown up in a disadvantaged background.

Special Student Signature: _____ Signature Date