



# Special Student Registration-CREDIT

This form is submitted to [gsbs-forms@bcm.edu](mailto:gsbs-forms@bcm.edu) or in the Graduate School dropbox in Room N204

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 Bulletin. Special students may not take courses at other universities through the reciprocal agreement. Consent from the employer (as indicated by signing below) and course director 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.

Enrollment in 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

Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Title: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Department: \_\_\_\_\_


Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ECA (user name): \_\_\_\_\_ 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.

Undergraduate Degree Information			
University:	Location:	Degree Awarded:	Degree Date

Course Information				
Term (1-5):	Course #	Title	Hrs	Instructor Signature
1	GS-CT-5101	Responsible Conduct of Research for Clinical Investigator	1	Signed by:  <small>A1EF62CFC0E0458...</small>

- This form must be submitted during the registration period which 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 a SPECIAL STUDENT I must take all exams that are given and will receive a grade of A, B, C or F, or a Pass/Fail depending on how the course is graded.
- I also understand that if I decide I do not want to finish this course that I must complete a drop form (see Graduate School for drop deadline) or a withdrawal form (before the final exam is given). If I do not submit a completed drop/withdrawal form to the Graduate School and I do not take the final exam I understand that I will receive a grade of "F".

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

**Student's Supervisor:** Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
*Date*

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.	
<b>Graduate School Official:</b> _____	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: <a href="https://nche.ed.gov/mckinney-vento/">https://nche.ed.gov/mckinney-vento/</a> )
<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: <a href="https://www.acf.hhs.gov/cb/focus-areas/foster-care">https://www.acf.hhs.gov/cb/focus-areas/foster-care</a> )
<input type="checkbox"/>	<input type="checkbox"/>	3. Were eligible for the Federal Free and Reduced Lunch Program for two or more years (Definition: <a href="https://www.fns.usda.gov/school-meals/income-eligibility-guidelines">https://www.fns.usda.gov/school-meals/income-eligibility-guidelines</a> )
<input type="checkbox"/>	<input type="checkbox"/>	4. Have/had no parents or legal guardians who completed a bachelor's degree (see <a href="https://nces.ed.gov/pubs2018/2018009.pdf">https://nces.ed.gov/pubs2018/2018009.pdf</a> )
<input type="checkbox"/>	<input type="checkbox"/>	5. Were or currently are eligible for Federal Pell grants (Definition: <a href="https://www2.ed.gov/programs/fpg/eligibility.html">https://www2.ed.gov/programs/fpg/eligibility.html</a> )
<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: <a href="https://www.fns.usda.gov/wic/wic-eligibility-requirements">https://www.fns.usda.gov/wic/wic-eligibility-requirements</a> )
<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 ( <a href="https://data.hrsa.gov/tools/rural-health">https://data.hrsa.gov/tools/rural-health</a> ) 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