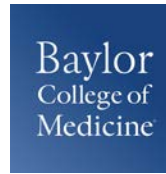


**SPECIAL STUDENT
Registration -- CREDIT**
(Submit form to Graduate School - N204)



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.

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: _____ BCM Dept.: _____

_____ Job Title: _____

Home Phone: _____ Work Phone: _____

ECA (user name): _____ Email Address: _____

_____ Date of Birth: _____

Undergraduate Degree Received

(Transcripts may be requested)

University: _____ Degree Awarded: _____

Location: _____ Degree Date: _____

Course Information

Term	Course #	Course Title	Credit Hrs.	Instructor's Signature
				<i>Falkner</i>

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".

Student's Signature: _____ **Date:** _____

Required Approval: Supervisor Name (please print): _____

Supervisor Signature: _____ **Date:** _____

CERTIFICATION OF ELIGIBILITY (completed by Graduate School after form submitted):
Prior to registration for the course(s) listed above, this individual has enrolled for ___ credit hours of the 15 maximum allowed as a special student.

Graduate School Official: _____
Signature _____ Date _____

Revised: 7.2.2018