



University of the Incarnate Word  
 Office of the Registrar  
 4301 Broadway, CPO 304  
 San Antonio, Texas 78209  
 Phone: (210) 829-6006

# Inter-Institutional Enrollment Request Form

**POLICY GUIDELINES:**

1. Students enrolling in inter-institutional courses must obtain approval from both the Home and Host institutions.
2. Tuition discounts/waivers are not authorized for inter-institutional enrollment. Full tuition will be charged.
3. Students attending the Home institution under institutional scholarships or tuition "trade-outs" for business services are not eligible for this program at the Host institution. Full tuition will be charged.
4. Registration for Host courses obligates the student for the tuition and fees associated with each course.
5. Enrollment in a course may be used by the Host institution for computing financial aid awards.
6. Students enrolling in "travel/credit" programs may arrange to pay all associated costs to the Home institution and the funds will be sent to the institution sponsoring the program.
7. **Programs excluded from inter-institutional enrollment:** *St. Mary's University* – Doctoral and Law programs; *Our Lady of the Lake* – Weekend and Doctoral programs; *University of the Incarnate Word* – Doctoral, Medical, and Professional Programs.
8. Approval will not be granted if an equivalent course is available at the Home institution.

HOME Institution (check one):	HOST Institution (check one):
<input type="checkbox"/> Oblate School of Theology	<input type="checkbox"/> Oblate School of Theology
<input type="checkbox"/> Our Lady of the Lake University	<input type="checkbox"/> Our Lady of the Lake University
<input type="checkbox"/> St. Mary's University	<input type="checkbox"/> St. Mary's University
<input type="checkbox"/> University of the Incarnate Word	<input type="checkbox"/> University of the Incarnate Word

**Student Name:** \_\_\_\_\_  
*Last First Middle*

**Current Mailing Address:** #/Street (Apt. #) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Student Home Institution Email Address** \_\_\_\_\_ **Student Cell Phone Number (xxx-xxx-xxxx)** \_\_\_\_\_ **Date of Birth (xx/xx/xxxx)** \_\_\_\_\_

**Social Security Number\*** (xxx-xx-xxxx) \_\_\_\_\_ **Gender (Legal Identity):**  Female  Male  
 \*For cross-institutional admission and finance purposes

**Legal residence:** Country \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

**Citizenship:**  US Citizen  Nonresident Status  Resident Status

**Race/Ethnicity (select one or more of the following):**

- Black or African American  American Indian or Alaskan Native  Asian  
 Pacific Islander or Native Hawaiian  White

Are you Hispanic or Latino?  Yes  No

**Classification:**  Undergraduate  Graduate/Master's  Graduate/Doctorate  Professional

**Course Enrollment Information:**

Semester/Year	Subject (abbr.)/#	CRN (5 digits)	Title	Credits

**HOME Institution Approval Signatures:**

**HOST Institution Approval Signatures:**

\_\_\_\_\_  
 Student Signature Date

\_\_\_\_\_  
 Registrar's Office Staff Signature Date

\_\_\_\_\_  
 Academic Advisor Signature Date

\_\_\_\_\_  
 College Dean Signature Date

\_\_\_\_\_  
 Registrar Signature Date