

Non-Degree Seeking/Visiting Student Procedures
The School of Graduate Studies in the Health Sciences

A **minimum of 30 days prior** to registration, students wishing to enroll in a UMMC course as a Non-Degree Seeking/ Visiting Student must complete the Non-Degree Seeking/Visiting Student Packet. This packet is available on the Graduate School website and in the Office of Student Records and Registrar.

If you are a UMMC employee:

1. ***Before submitting an application***, secure permission to enroll in the desired course from both the course director and the Dean of the School of Graduate Studies in the Health Sciences. This is accomplished by completing the [Approval to Register Form for Non-Degree Seeking/Visiting Students](#).
2. After obtaining the required signatures on the Approval to Register Form for Non-Degree Seeking/Visiting Students, complete the [Application for Non-Degree Seeking/Visiting Students](#).
3. Request an ***official transcript*** from the school where you received your latest degree and have it sent to the address below:

Office of Student Records and Registrar
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216.

4. Secure a memo from your immediate supervisor granting you permission to enroll in coursework for a particular semester/quarter.
5. At the time of registration, you must obtain an *Employee Tuition Benefit Form* from Student Accounting. This form must be signed by the student and submitted to the Chair/Head of the department in which the individual is employed. After the Chair/Head signs the form and indicates the appropriate account, the student must return the signed form to Student Accounting. If the course to be taken meets during normal working hours, an *Education Leave Request Form* must be completed and submitted to the Department Chair/Head. For additional information regarding the Education Leave Policy or to obtain a copy of the Education Leave Request Form, click on the link below:

http://hr.umc.edu/docs/education_leave.pdf

If you are NOT a UMMC employee, you must:

1. ***Before submitting an application***, secure permission to enroll in the desired course from both the course director and the Dean of the School of Graduate Studies in the Health Sciences. This is accomplished by completing the [Approval to Register Form for Non-Degree Seeking/Visiting Students](#).
2. After obtaining the required signatures on the Approval to Register Form for Non-Degree Seeking/Visiting Students, complete the [Application for Non-Degree Seeking/Visiting Students](#).
3. Request an ***official transcript*** from the school where you received your latest degree and have it sent to the address below:

Office of Student Records and Registrar
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216.

4. Submit the Non-Degree Seeking/Visiting Student Application, the \$25 application fee, and all supporting documents (transcript, approval form, memo from supervisor--if a UMMC employee) to the Office of Student Records and Registrar **at least 30 days prior to registration**.
5. On the day of registration, pick up your registration form from the Office of Student Records and Registrar. **Please note that you may register ONLY if all required documentation has been received and your application is complete.** If you do not have a UMMC identification badge, report to the Benefits Office (Room N146) to obtain a UMMC identification badge indicating your status as a Non-Degree Seeking/Visiting Student.

**Approval to Register Form
Non-Degree Seeking/Visiting Students
The School of Graduate Studies in the Health Sciences**

Student's Name: _____

Date: _____

Are you currently a UMMC employee? Yes No

Have you previously applied to a graduate program? Yes No

If applied, please indicate the specific Graduate Program:

- | | |
|-----------------------------------|-------------------------------|
| ____ Anatomy | ____ Clinical Health Sciences |
| ____ Biochemistry | ____ Doctorate in Nursing |
| ____ Biomedical Materials Science | ____ Interdisciplinary Course |
| ____ Microbiology | |
| ____ Neuroscience | |
| ____ Pathology | |
| ____ Pharmacology/Toxicology | |
| ____ Physiology | |
| ____ Preventive Medicine | |

Course Number/Name: _____

Purpose(s) for enrolling in this course:

Course Director:

Signature

Date

Program Director:

Signature

Date

Dean of the School of Graduate Studies in the Health Sciences:

Signature

Date

cc: If the course is one normally taken by medical or dental students, a copy of this approval should be sent to the Associate Dean for Academic Affairs of the School of Medicine or the School of Dentistry. In all other cases, a copy of this approval is to be sent to the Director of the Graduate Program in which the course(s) is offered.

The University of Mississippi Medical Center adheres to the principal of equal educational and employment opportunity without regard to race, sex, color, religion, marital status, age, national origin or handicap. This policy extends to all programs and activities supported by The University of Mississippi Medical Center.

The University of Mississippi Medical Center
APPLICATION FOR NON-DEGREE SEEKING/VISITING STUDENTS
Office of Student Records and Registrar
2500 North State Street * Jackson, MS 39216-4505

Social Security Number: _____ E-mail Address: _____

Full Legal Name: _____
Last Name First Name Middle Name (do not use initials) Maiden Name

Local Address: _____
Number and Street Telephone Number

City County State Zip Code

Permanent Address (if different from above): _____
Number and Street Telephone Number

City County State Zip Code

Day Time Telephone Number: _____

Mississippi Resident? _____ Number of years? _____ If not, what state or country? _____ Country of Citizenship? _____

(For fee paying purposes no student may be admitted as a resident unless his legal residence has been in the State of Mississippi for a continuous period of at least twelve months immediately preceding his admission. For other information regarding residency, please refer to the appropriate section in the UMMC Bulletin.)

Date of Birth: _____ Place of Birth: _____ Sex: Male Female

Race: (check below)

- Black or African-American
- White
- American Indian or Alaska Native
- Asian
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- Permanent Resident Alien
- Nonresident Alien
- Other _____

If you have ever been a student here, please complete the following:

Program: _____ Year: _____

If you have previously applied for admission to any program at The University of Mississippi Medical Center *or if you are currently applying to any other program at The University of Mississippi Medical Center*, please complete the following:

Program: _____ Year of Application: _____

Previous Education: List *all* universities and colleges attended or currently attending, *including summer school*.

<u>Institution</u>	<u>Location</u>	<u>Enrollment</u> From (mo/yr) to (mo/yr)	<u>Degree Awarded</u>	<u>Major</u>

Have you ever been convicted of or are there charges pending against you for any criminal offense? Yes No

Have you ever been subjected to disciplinary action at or dismissed from any school? Yes No

If the answer to either of the above questions is yes, append an explanation.