

Registrar's Office

The University of Texas Health Science Center at San Antonio
Medical School

ENRICHMENT ELECTIVE APPLICATION

(For courses described in the Enrichment Elective Brochure)

Date: _____

HSC Badge #: _____

Name: _____

Course Number: _____

Course Title: _____

Starting Date: _____ Ending Date: _____
Mo. Day Yr. Mo. Day Yr.

Elective Instructor Signature

To enroll in this course, return completed form to:

Registrar's Office
MSC 7702
The University of Texas Health Science Center at San Antonio
7703 Floyd Curl Drive
San Antonio, TX 78229-3900