

# UT Southwestern

## Medical Center

### Enrichment Electives Registration Form

Name \_\_\_\_\_

Email \_\_\_\_\_

Student ID Number \_\_\_\_\_

I am enrolled in: ☐ Medical School ☐ School of Health Professions

☐ Medical Scientist Training Program aka MSTP taking Medical School Courses

☐ MSTP taking Graduate School Courses (ineligible for Transcript Acknowledgement)

☐ Graduate Student (ineligible for Transcript Acknowledgement)

Enrichment Elective(s) you wish to enroll in:

Course Name(s)	Course Number(s)
_____	_____
_____	_____
_____	_____

Students are required to attend a minimum of ten hours of the elective to satisfy the attendance requirement.

To view the Enrichment Electives course descriptions and schedule:

In D2L, **click on “quick links” and select electives catalog from the drop down menu:** or use the link below.

[https://d2l.utsouthwestern.edu/d2l/lms/faq/view\\_external\\_Faq.d2l?ou=6606](https://d2l.utsouthwestern.edu/d2l/lms/faq/view_external_Faq.d2l?ou=6606)

**\*Please note that students will be enrolled on a first come, first served basis. When the maximum enrollment is met, a wait list will be maintained for possible vacancies.**

**Completed form must be emailed prior to the beginning of the class to:**

**[EnrichmentElective@UTSouthwestern.edu](mailto:EnrichmentElective@UTSouthwestern.edu)**

**Questions concerning the registration process should be directed to:**

Betty R. Shaw, 214 648-9176 [betty.shaw@utsouthwestern.edu](mailto:betty.shaw@utsouthwestern.edu)

Samona Ross, 214 648-4895 [samona.ross@utsouthwestern.edu](mailto:samona.ross@utsouthwestern.edu)

La Trelle Cambridge, 214 648-4581 [latrelle.cambridge@utsouthwestern.edu](mailto:latrelle.cambridge@utsouthwestern.edu)