

Baltimore Student Exchange Program (BSEP) Cross-Registration Request Form Registrar's or Records Office

For additional information about the BSEP agreement and participating institutions, visit http://baltimorecollegetown.org/colleges/cross-registration/

YOUR INSTITUTION: Are you in ROTC?

VISITING INSTITUTION:

Guidelines

- Complete this form to request permission to take up to two courses per academic year at another (visiting) institution through the Baltimore Student Exchange Program (BSEP).
- Cross-registration is not available or valid for summer or intersession terms.
- First year students and Graduate students are **not** eligible to participate in BSEP.
- If this is your last semester before graduation, consult your registrar's or records office prior to submitting this form.
- Your signature verifies you have read and agree to adhere to the <u>academic calendar and policies</u>, including payment of any course related fees at the visiting institution, while participating in BSEP.

Instructions

- 1. Complete sections one and two.
- 2. Secure <u>all</u> required signatures in sections two and three, per your institution's requirements (some institutions will accept email confirmations from faculty; check with your registrar's or records office).
- 3. It is your responsibility to obtain the appropriate signatures before submitting the form.
- 4. This form must be submitted to your registrar's or records office following the visiting institution's procedures, deadlines and policies.

SECTIO	ON 1: Stude	ent Infor	mation						
Full Legal	Name:								
Last Previous Name Used on Academic Records:					First Preferred Name:			Middle	
Major:						1 Teleffed 1	dunie.		
Address:									
City:	noil Addraga:				State:	tate: Zip Coo		:	
School Email Address:				Preferred Phone Number:					
Class Yea	r:	Stude	ent ID#:		Date of Birth (M-D-Y):				
Emergency Contact:				Contac	Contact Phone #:				
Have you ever been enrolled at the visiting institution?			ion?	Have you ever applied to the visiting institution?					
Intend to b	e registered for	full-time s	tatus (minimu	ım of 12 cre	dits):				
	-		•		ŕ	. 11.	1		
Total credits at home institution this semester:					Credits needed to graduate:				
SECTION	ON 2: Cour	se & Sen	nester Info	ormation					
VICITI	NC INSTITI	ITION (I	ist courses 1	hagad an w	our prio	rity 1st thr	ough 4 th abaica)		
			ASI COUISES		_		ough 4 th choice)		
Semester	& Year course	is offered:		Year	Year	:			
Priority	Department	Course	Section	Course	Title	Credits	Course	Pre-Req Met	
	Code	#	#				Schedule	(if required)	
#1							Day/Time		
#2									
#3									
11.4						1			



Course Instructor Signature - Visiting Institution

*Required for JHU/Peabody, MICA students if prerequisite is not satisfied.

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Date

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Priority	Department Code	Course #	Course Title	Department or Dean Signature (Loyola or TU students)			
#1							
#2							
#3							
#4							
*Your sign	ature verifies yo		stitution) ree to adhere to the academic calendar ting institution while participating in B				
Student Signature *Required for all students							
	Advisor Signa for Goucher, JH		a, MICA, Morgan, Notre Dame, and U	Date JB students.			
	Iajor Advisor for JHU-Engine			Date			
	Advising & S for Loyola stude	upport Center Si ents.	gnature	Date			
Special Approval Signature *Required for UMBC ROTC students.							
SECTIO	N 4: Regist	rar's or Reco	ds Office (Your Institution)				
BSEP Coo	Date						