

## 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:		Zip Code	:
School Email Address:				Preferred Phone Number:				
Class Yea	r:	Stude	ent ID#:		Date of Birth (M-D-Y):			
Emergency Contact:					Contact Phone #:			
Have you ever been enrolled at the visiting institution?					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, 1 St thr	ough 4 <sup>th</sup> abaica)	
			ASI COUISES		_		ough 4 <sup>th</sup> 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** 

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Date

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*Required	for JHU/Peabod	ly, MICA student	s if prerequisite is not satisfied.	
Priority	NSTITUTIO Department Code	ENCY (Completed by your institution's Course Title	n's administrator, if applicab  Department or Dean Signature (Loyola or TU students)	
#1				
#2				
#4				
*Your sign	nature verifies yo		nstitution) agree to adhere to the academic calendar and siting institution while participating in BSEF	
Student S *Required	ignature for all students			Date
	Advisor Signa for Goucher, JH		vola, MICA, Morgan, Notre Dame, Stevenso	Date n, and UB students.
	<b>Jajor Advisor</b> for JHU-Engine			Date
	Advising & S for Loyola stude	upport Center sents.	Signature	Date
	pproval Signat			Date
SECTIO	ON 4: Regist	rar's or Rec	ords Office (Your Institution)	
	ordinator Sign for all students.	ature		Date