

## 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.

SECTION	ON 1: Stude	ent Infor	mation						
Full Legal	Name:								
Last Previous Name Used on Academic Records:					First Preferred Name:			Middle	
Major:						i iciciica iv	anic.		
Address:									
City: School Email Address:					State:	State: Zip Code		):	
School Email Address:					Preferred Phone Number:				
Class Year:			ent ID#:		Date of Birth (M-D-Y):				
Emergency Contact:				Conta	Contact Phone #:				
Have you ever been enrolled at the visiting institution?					Have you ever applied to the visiting institution?				
•	e registered for		•		edits):			_	
			· ·		,		•		
Total credits at home institution this semester:					Credits needed to graduate:				
SECTION	ON 2: Cour	se & Sen	nester Info	ormation					
VICITI	NC INSTITI	TTION (I	ist courses 1	hagad on w	our prio	rity 1 St thro	ough 4 <sup>th</sup> choice)		
		ì	ASI COUISES		•	-	ough 4 choice)		
Semester	& Year course	is offered:		Year	Year	:			
Priority	Department	Course	Section	Course	Title	Credits	Course	Pre-Req Met	
	Code	#	#				Schedule Day/Time	(if required)	
#1									
#2									
#3									
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**BSEP** Coordinator Signature

\*Required for all students.

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	structor Signa for JHU/Peaboo		g Institution onts if prerequisite is not satisfied.	Date
_				
Priority	Department Code	Course #	Course Title	Department or Dean Signature (Loyola or TU students)
#1				10 students)
#2				
#3				
#4				
*Your sign	ature verifies yo	ou have read an	Institution) d agree to adhere to the academic calendar as visiting institution while participating in BSI	
Student S *Required	Date			
	Advisor Signa for Goucher, JF		oyola, MICA, Morgan, Notre Dame, and UB	Date students.
	Advising & S		r Signature	Date
	pproval Signat			Date
SECTIO	ON 4: Regist	trar's or Re	cords Office (Your Institution)	

Please return completed BSEP request form to your institution's registrar's or records office Submission of grades to your institution will be coordinated by school administrators Date