

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

https://baltimorecollegetown.org/student-opportunities/bsep

YOUR INSTITUTION:	Are you in ROTC?
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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:								
Previous N	Name Used on	Las Academic	•		First Preferred Name:			Middle	
Major:	value osca on	readenne i	records.			rieieiieu i	vaille.		
Address:									
City: School Email Address:			Q ₄₋₄₋		7:- 0-1-				
					State:		Zip Code:		
Class Year: Student ID #-			Preferred Phone Number:						
	Student ID #.			_	Date of Birth (M-D-Y):				
Emergenc	y Contact:			Conta	Contact Phone #:				
Have you	ever been enrol	led at the vi	siting institut	ion?	Have	e you ever	applied to the visit	ng institution?	
Intend to b	e registered for	full-time s	tatus (minimu	ım of 12 cre	dits):				
m . 1 . 1					G 11	1.14	1 /		
Total credits at home institution this semester:				Credits needed to graduate:					
SECTION	ON 2: Cour	se & Sen	nester Info	ormation					
T/TOTEST	i C INCELEI	ITION (I	• ,			. 1 et .1	1 4th 1		
VISITI	NG INSTITU	JTION (L	list courses	based on yo	our prio	rity I st thr	rough 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									
π3						+			



Course Instructor Signature - Visiting Institution

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Date

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http://baltimorecollegetown.org/colleges/cross-registration/

-		•	prerequisite is not satisfied. CV (Completed by your institution)	ion's administrator if applica
Priority	R INSTITUTION EQUIVALENCY (Completed by your institution to be partment Course Course Title Code #		Department or Dear Signature (Loyola of TU students)	
#1				,
#2				
#3				
#4				
payment of	f any course rela		ee to adhere to the academic calenda ng institution while participating in	BSEP.
Student S 'Required	ignature for all students			Date
	Advisor Signation for Goucher, JH		, MICA, Morgan, Notre Dame, and	Date UB students.
	Advising & S for Loyola stude	upport Center Signents.	nature	Date
	pproval Signat			Date
SECTIO)N 4: Regist	rar's or Record	ls Office (Your Institution)
BSEP Coo	ordinator Sign for all students.	ature		Date

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