

## 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	nt Infor	mation					
Full Legal	Name:							
Last Previous Name Used on Academic Records:					First 1 Preferred Name:			Middle
Major: Address:								
City: School En	nail Address:				State: Zip Cod		Zip Code	:
Cl. W			Preferred Phone Number: nt ID #: Date of Birth (M-D-Y):					
Emergency Contact:					ntact Phone #:			
Have you	ever been enroll	led at the vi	siting institut	tion?	Have you ever applied to the visiting institution?			
Intend to b	e registered for	full-time s	tatus (minim	um of 12 cre	edits):			
Total credits at home institution this semester:					Credits needed to graduate:			
SECTIO	ON 2: Cour	se & Sen	ester Info	ormation				
VISITI	NG INSTITU	J <b>TION</b> (L	ist courses	based on y	our prio	rity 1 <sup>st</sup> thr	ough 4 <sup>th</sup> choice)	
Semester & Year course is offered:					Year	:		
Priority	Department Code	Course #	Section #	Course	Title	Credits	Course Schedule Day/Time	Pre-Req Met (if required)
#1								
#2								
#3								



**BSEP** Coordinator Signature

\*Required for all students.

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Course In *Required	Date							
•			•	a administrator if amulical				
Priority	Department Code	n's administrator, if applicable Department or Dean Signature (Loyola or TU students)						
#1				10 3000000				
#2								
#3								
#4								
OF COL		4 (37	T (*4 (* )					
			Institution)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			d agree to adhere to the academic calendar an					
payment o	any course reia	ited fees, at the	visiting institution while participating in BSE	Υ.				
Student S	ignature			Date				
	for all students							
	c Advisor Sign		1 MICA M NA D G	Date				
*Required	for Goucher, JF	IU, Peabody, L	oyola, MICA, Morgan, Notre Dame, Stevenso	on, and UB students.				
Faculty/N	Aajor Advisor	Signature		Date				
•	for JHU-Engine	_						
	Academic Advising & Support Center Signature							
*Kequirea	for Loyola stud	ents.						
	pproval Signa			Date				
*Required	for UMBC RO	TC students.						
OF CET	DN 4 P		1 000 (37 )					
SECTIO	JN 4: Regist	trar's or Re	ecords Office (Your Institution)					

Date