



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: _____ 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.
- If this is your last semester before graduation, please consult your registrar's or records office.
- Your signature verifies you have read and agree to adhere to the [academic calendar and policies](#), including payment of any course related fees at the visiting institution, while participating in BSEP.

Instructions

1. Complete sections one and two.
2. Secure all required signatures in sections two and three, per your institutions 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 1: Student Information

Have you ever enrolled at the visiting institution? Yes No

Class Year: Sophomore Junior Senior Other: _____

Student ID #: _____ Date of Birth (m-d-y): _____

Full Legal Name: _____
 Last First Middle

Preferred Name: _____ Major: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Email Address: _____ Preferred Phone Number: _____

Emergency Contact: _____ Emergency Contact Number: _____

Total credits at home institution this semester: _____ Credits needed to graduate: _____

Intend to be registered for full-time status (minimum of 12 credits): Yes No

SECTION 2: Course & Semester Information

Semester & Year course is offered: Fall Spring Year: _____

VISITING INSTITUTION (List courses based on your priority 1st through 4th choice)

Priority	Department Code	Course #	Section #	Course Title	Credits	Course Schedule Day/ Time	Pre-Req Met (if required)
#1							
#2							
#3							
#4							

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



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Course Instructor Signature - Visiting Institution Date

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

YOUR INSTITUTION EQUIVALENCY (Completed by your institution's administrator, if applicable)

Priority	Department Code	Course #	Course Title	Department or Dean Signature (Coppin, Loyola, TU students)
#1				
#2				
#3				
#4				

SECTION 3: Signatures (Your Institution)

*Your signature verifies you have read and agree to adhere to the academic calendar and policies, including payment of any course related fees, at the visiting institution while participating in BSEP.

Student Signature Date

*Required for all students

Academic Advisor Signature Date

*Required for Coppin, Goucher, JHU, Peabody, Loyola, MICA, Morgan, Notre Dame, Stevenson, and UB students

Faculty/ Major Advisor Signature Date

*Required for JHU-Engineering students

Academic Advisor & Support Center Signature Date

*Required for Loyola students

Special Approval Signature Date

*Required for Coppin and UMBC ROTC students

SECTION 4: Registrar's or Records Office (Your Institution)

BSEP Coordinator Signature Date

*Required for all students

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