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## 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 I	NSTITUTIO	N:		VISITING I	VISITING INSTITUTION:				
<ul><li>(visiting</li><li>Cross</li><li>If this</li><li>Your s</li></ul>	olete this form ng) institution to registration is is your last se signature verifi	hrough the not availa mester bef es you hav	Baltimore ble or valid ore graduate read and	to take up to two co Student Exchange Po for summer or interso ion, please consult you agree to adhere to the	rogram (E ession ter our regist ne <u>acader</u>	SSEP). ms. rar's or records offi nic calendar and po	ce. <u>blicies</u> ,		
<ol> <li>Secure institutions</li> <li>It is you</li> <li>This fo procedure</li> </ol>	ete sections o e <u>all</u> required s s will accept e ur responsibilit rm must be su es, deadlines a	gnatures i mail confiri y to obtain bmitted to nd policies	n sections t mations fror the approp your registr	wo and three, per yo n faculty, check with oriate signatures befo ar's or records office	your regis	strar's or records of ting the form.	fice).		
	N 1: Stude			• 🗔		l			
Class Yea Student II	) #:	Sophomo	ore Jur	nior Senior Date of		No   Other: d-y):			
Full Legal	Name:	Last		First		N	1iddle		
	Name:								
Address:_				Ctata		7: 0	\		
School En	nail Address:			State: Preferre		Zip C			
				Emerge					
				Credits					
				imum of 12 credits):			No		
SECTIO	N 2: Cours	se & Ser	nester Inf	ormation					
	& Year course				Yea	ar:			
VISITING	INSTITUTION	ON (List o	courses ba	sed on your priority	y 1 <sup>st</sup> thro	ugh 4 <sup>th</sup> choice)			
Priority	Department Code	Course #	Section #	Course Title	Credits	Course Schedule Day/ Time	Pre-Req Met (if required)		
#1									
#2			<u> </u>						
#2	1	l							



\*Required for all students

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	for JHU/Peabo		ents if prerequisite is not satisfied.	Date		
YOUR IN	STITUTION	EQUIVALEN	CY (Completed by your institution's admi	inistrator, if applicable		
Priority	Department Code	Course #	Course Title	Department or Dean Signature (Coppin, Loyola, TU students)		
#1				Loyola, 10 stadolito)		
#2						
#3						
#4						
*Your sign		ou have read ar	nstitution) nd agree to adhere to the academic calendar ne visiting institution while participating in BSI			
Student S *Required	Signature for all students			Date		
	Advisor Signa for Coppin, Go		eabody, Loyola, MICA, Morgan, Notre Dame, S	Date Stevenson, and UB		
•	<b>Major Advisor S</b> for JHU-Engine	•		Date		
Academic Advisor & Support Center Signature *Required for Loyola students						
	pproval Signat for Coppin and		students	Date		
SECTIO	N 4: Regist	rar's or Rec	ords Office (Your Institution)			
BSEP Co	ordinator Sign	ature		Date		