

#4

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: | | | | |
|---|--|--|--|---|---|---|------------------------------|--|--|
| (visitingCrossIf thisYour s | 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> , | | |
| Secure institutions It is you This fo procedure | 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 | | | |
| | | | | rrerene 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 st thro | ugh 4 th 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 | | | | | | | |



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| Course Ir | Date | | | |
|----------------|--|------------------|--|--|
| Required | TIOI JI IO/I GADO | ody, WIIOA Stuc | lents if prerequisite is not satisfied. | |
| YOUR II | NSTITUTION | EQUIVALEN | ICY (Completed by your institution's admi | nistrator, if applicable) |
| Priority | Department Code | Course # | Course Title | Department or Dean Signature (Coppin, Loyola, TU students) |
| #1 | | | | Loyola, To students) |
| #2 | | | | |
| #3 | | | | |
| #4 | | | | |
| | 1 | l | 1 | l |
| *Your sign | | ou have read a | and agree to adhere to the academic calendar the visiting institution while participating in BSI | |
| | Signature I for all students | 3 | | Date |
| | c Advisor Signa I for Coppin, Go | | Peabody, Loyola, MICA, Morgan, Notre Dame, S | Date Stevenson, and UB |
| | Major Advisor (| | s | Date |
| | c Advisor & Su I for Loyola stud | | Signature | Date |
| | Approval Signa I for Coppin and | | C students | Date |
| | | | cords Office (Your Institution) | |
| | oordinator Sign | | | Date |