Baltimore Student Exchange Program (BSEP)  
Cross-Registration Request Form  
Registrar's or Records Office  
For additional information about the BSEP program and participating institutions, visit http://baltimorecollegetown.org/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 the registrar’s or records office before the last day of registration for either your institution or the institution you wish to attend, which ever date comes first.

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: ____________________________
Preferred Name: ____________________________ Last First Middle
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)

<table>
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<tr>
<th>Priority</th>
<th>Department Code</th>
<th>Course #</th>
<th>Section #</th>
<th>Course Title</th>
<th>Credits</th>
<th>Course Schedule Day/Time</th>
<th>Pre-Req Met (if required)</th>
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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
Baltimore Student Exchange Program (BSEP)
Cross-Registration Request Form
Registrar's or Records Office
For additional information about the BSEP program and participating institutions, visit http://baltimorecollegetown.org/colleges/cross-registration/.

Course Instructor Signature - Visiting Institution  
*Required for JHU/Peabody, MICA students if prerequisite is not satisfied.

YOUR INSTITUTION EQUIVALENCY (To be completed by your institution's administrator, if applicable)

| Priority | Department Code | Course # | Course Title | Department Dean Signature (Coppin, Loyola, TU students)
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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
*Required for all students

Date

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

Date

Faculty/ Major Advisor Signature
*Required for JHU-Engineering students

Date

Academic Advisor & Support Center Signature
*Required for Loyola students

Date

Special Approval Signature
*Required for Coppin and UMBC ROTC students

Date

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

BSEP Coordinator Signature
*Required for all students

Date

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