



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 [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 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.

SECTION 1: Student Information

Full Legal Name: _____

Last First Middle

Previous Name Used on Academic Records: _____ Preferred Name: _____

Major: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School Email Address: _____ Preferred Phone Number: _____

Class Year: _____ Student ID #: _____ Date of Birth (M-D-Y): _____

Emergency Contact: _____ Contact Phone #: _____

Have you ever been enrolled at the visiting institution? _____ Have you ever applied to the visiting institution? _____

Intend to be registered for full-time status (minimum of 12 credits): _____

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

SECTION 2: Course & Semester Information

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

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

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 (Loyola or 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 Goucher, JHU, Peabody, Loyola, MICA, Morgan, Notre Dame, Stevenson, and UB students.

Faculty/Major Advisor Signature Date

*Required for JHU-Engineering students.

Academic Advising & Support Center Signature Date

*Required for Loyola students.

Special Approval Signature Date

*Required for UMBC ROTC students.

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

BSEP Coordinator Signature Date

*Required for all students.

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