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/.

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 <u>all</u> 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: _____
                    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

_____

Course Instructor Signature - Visiting Institution   Date
*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)
#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, Towson, 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

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