

THE JOHNS HOPKINS UNIVERSITY INTERDIVISIONAL REGISTRATION FORM

Engineering students who wish to enroll in a course offered by a division of the University other than their home division must obtain a signature from their faculty adviser on this form and the regular registration form. ME tutorials also require a signature from Pre-professional Advising.

Inquire at the home division registrar's office concerning particular interdivisional regulations. Please refer to details available in the Undergraduate Academic Manual.

Note: Students must meet host division requirements (including but not limited to registration requirements). It is the student's responsibility to be sure that all prerequisites have been met for each course listed.

Who should use this form:

1. WSE students who want to take a course in another JHU division (except KSAS).
2. Students from other divisions who want to take a course in WSE.

Enter specific term course will be offered. If the course meets for more than one term, please show all terms in the section labeled "TERMS OFFERED" (Item #8 below).

- Fall 20 ____
 Intersession 20 ____
 1st Quarter 20 ____
 3rd Quarter 20 ____
 Spring 20 ____
 Summer 20 ____
 2nd Quarter 20 ____
 4th Quarter 20 ____

NOTE: TUITION IS CHARGED FOR SUMMER INTERDIVISIONAL REGISTRATIONS.

ALL STUDENTS COMPLETE ITEMS 1 THROUGH 8.

1. HOPKINS ID	2. LAST NAME	FIRST NAME	MIDDLE/MAIDEN NAME

3. ENROLLMENT CODE - Check 1 box in EACH column (must differ) <table style="width:100%;"> <tr> <th style="width: 50%;">STUDENT'S (HOME DIVISION)</th> <th style="width: 50%;">COURSE (HOST) DIVISION</th> </tr> <tr> <td> <input type="checkbox"/> AS = ARTS & SCIENCES <input type="checkbox"/> AAP = ADV. ACAD. PROG. <input type="checkbox"/> BE = BUSINESS & EDUC. <input type="checkbox"/> EN = ENGINEERING <input type="checkbox"/> ME = MEDICINE <input type="checkbox"/> NR = NURSING <input type="checkbox"/> PH = PUBLIC HEALTH <input type="checkbox"/> PY = PEABODY <input type="checkbox"/> SA = SAIS <input type="checkbox"/> EPP = ENGR. & APPL. SCI. </td> <td> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>	STUDENT'S (HOME DIVISION)	COURSE (HOST) DIVISION	<input type="checkbox"/> AS = ARTS & SCIENCES <input type="checkbox"/> AAP = ADV. ACAD. PROG. <input type="checkbox"/> BE = BUSINESS & EDUC. <input type="checkbox"/> EN = ENGINEERING <input type="checkbox"/> ME = MEDICINE <input type="checkbox"/> NR = NURSING <input type="checkbox"/> PH = PUBLIC HEALTH <input type="checkbox"/> PY = PEABODY <input type="checkbox"/> SA = SAIS <input type="checkbox"/> EPP = ENGR. & APPL. SCI.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4. CLASSIFICATION - Check one box only <table style="width:100%;"> <tr> <td colspan="2">UNDERGRADUATES (EXCEPT WS-EPP)</td> </tr> <tr> <td>Engineering</td> <td>Freshman <input type="checkbox"/> 11</td> </tr> <tr> <td>Peabody</td> <td>Sophomore <input type="checkbox"/> 12</td> </tr> <tr> <td rowspan="2">Nursing</td> <td>Junior <input type="checkbox"/> 13</td> </tr> <tr> <td>Senior <input type="checkbox"/> 14</td> </tr> <tr> <td colspan="2">Assoc Degree (BE only) <input type="checkbox"/> 17</td> </tr> <tr> <td colspan="2">Certificate (BE only) <input type="checkbox"/> 18</td> </tr> <tr> <td colspan="2">BE Undergrads and Peabody unclassified <input type="checkbox"/> 19</td> </tr> <tr> <td colspan="2">Special, Non-Degree <input type="checkbox"/> 10</td> </tr> </table>	UNDERGRADUATES (EXCEPT WS-EPP)		Engineering	Freshman <input type="checkbox"/> 11	Peabody	Sophomore <input type="checkbox"/> 12	Nursing	Junior <input type="checkbox"/> 13	Senior <input type="checkbox"/> 14	Assoc Degree (BE only) <input type="checkbox"/> 17		Certificate (BE only) <input type="checkbox"/> 18		BE Undergrads and Peabody unclassified <input type="checkbox"/> 19		Special, Non-Degree <input type="checkbox"/> 10		POST-BACCALAUREATE EN Pre-Med Program <input type="checkbox"/> 27 BE Special Student applying for graduate credit <input type="checkbox"/> 28 BE Pre-Admissions Plan Conditional Acceptance <input type="checkbox"/> 29	POST-DOCS MED/PH <input type="checkbox"/> 50 WS-EPP UNDERGRAD & GRADUATE STUDENTS Special Undergrad <input type="checkbox"/> 70 Certificate <input type="checkbox"/> 78 Bachelor's <input type="checkbox"/> 79 Special Grad <input type="checkbox"/> 80 Graduate Degree } <input type="checkbox"/> 81 } <input type="checkbox"/> 82	MEDICAL SCHOOL 1st YR <input type="checkbox"/> 21 3rd YR <input type="checkbox"/> 23 2nd YR <input type="checkbox"/> 22 4th YR <input type="checkbox"/> 24 MED Special <input type="checkbox"/> 20
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				5. PROGRAM OR DEPT OF STUDY _____																					
				6. TIME STATUS <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student																					

7. LOCAL ADDRESS OR BOX NUMBER				DAYTIME PHONE NUMBER
NUMBER AND STREET	CITY	STATE	ZIP CODE	BOX #
				()
				EMAIL: _____

8. INTERDIVISIONAL COURSES FOR WHICH CROSS-REGISTRATION IS SOUGHT					CREDITS	PREREQUISITES, IF ANY INSTRUCTOR/OTHER SIGNATURE IF NEEDED	TUITION RATE PART-TIME STUDENTS	AUDIT ** (CHECK)	TERMS OFFERED
DIVISION	DEPARTMENT	COURSE #	SECTION	COURSE TITLE					

** If permitted

APPROVAL OF STUDENT'S (HOME) FACULTY ADVISER: _____ DATE: _____

School of Professional Studies in Business and Education Approval: _____ DATE: _____

TO THE COURSE (HOST) DIVISION REGISTRAR: This student may be enrolled in the above courses to be offered by your division providing there is still a vacancy.

APPROVAL OF STUDENT'S (HOME) DIVISION REGISTRAR: _____ DATE: _____

TO THE STUDENT'S (HOME) DIVISION REGISTRAR: This student has been officially registered in the above courses. At the conclusion of the term, you will be sent a report of the student's final grades.

APPROVAL OF COURSE (HOST) DIVISION REGISTRAR: _____ DATE: _____