

THE JOHNS HOPKINS UNIVERSITY INTERDIVISIONAL REGISTRATION FORM

Arts and Sciences students must meet host division course requirements.
 Undergraduates: Submission of this form and/or enrollment does not indicate approval to use the course toward any specific major, minor, or degree requirements. **This form grants enrollment permission only**, see advisor for additional permissions.

PUBLIC HEALTH STUDIES MAJORS require departmental signature for PH courses.
NON-PUBLIC HEALTH STUDIES UNDERGRADUATE MAJORS some courses require signatures from course instructor, check description.

NON-BUSINESS MINOR UGRAD STUDENTS taking Carey Business Minor courses require approval from [Business Minor Advisor](#)

INTERNATIONAL STUDIES MAJORS departmental [approval required](#) for SAIS enrollments.

ARTS AND SCIENCES graduate students require their faculty advisor's signature.

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."

For Courses Offered at PH:

- 1st Quarter 20__
- 2nd Quarter 20__
- 3rd Quarter 20__
- 4th Quarter 20__
- Summer 20__

For All Other Divisions:

- Summer 20__
- Fall 20__
- Intercession 20__
- Spring 20__

NOTE: TUITION IS CHARGED FOR SUMMER INTERDIVISIONAL REGISTRATIONS.

HOPKINS ID	LAST NAME	FIRST NAME	MIDDLE/MAIDEN NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS		PHONE NUMBER	
<input type="text"/>		<input type="text"/>	

HOST DIVISION <input type="checkbox"/> AAP = ADVANCED ACADEMIC PROGRAM <input type="checkbox"/> BU = BUSINESS <input type="checkbox"/> ED = EDUCATION <input type="checkbox"/> EP = ENGINEERING FOR PROFESSIONALS <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 (GR students only, unless IS Major w/approval)
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CLASSIFICATION – Check one box only	
<u>UNDERGRADUATES</u>	<u>GRADUATES</u>
Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/>	Special, Non-degree <input type="checkbox"/> Degree Candidate <input type="checkbox"/>

PROGRAM OR DEPT OF STUDY <hr/> TIME STATUS <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student
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INTERDIVISIONAL COURSES FOR WHICH CROSS-REGISTRATION IS SOUGHT						PREREQUISITES REQUIRE INSTRUCTOR SIGNATURE. SOME PH COURSES REQUIRE INSTRUCTOR SIGNATURE FOR NON-PUBLIC HEALTH STUDIES UNDERGRADUATE STUDENTS.	TUITION RATE PART-TIME STUDENTS	AUDIT** (CHECK)	TERMS OFFERED
DIVISION	DEPARTMENT	COURSE #	SECTION	COURSE TITLE	CREDITS				

**if permitted

DEPARTMENT OR FACULTY ADVISOR'S SIGNATURE: _____
 (UNDERGRADUATES AS NOTED ABOVE and ALL AS GRADUATE STUDENTS)

DATE: _____