

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 advisor on this form. **ALL students must meet host division course requirements.**

MEDICAL TUTORIALS require a signature from Pre-Professional Advising.

PUBLIC HEALTH STUDIES MAJORS require faculty advisor signature for PH courses.

NON-PUBLIC HEALTH STUDIES UNDERGRADUATE MAJORS taking PH courses require signatures from course instructor, faculty advisor, and academic advisor.

ENGINEERING 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__
- Intersession 20__
- Spring 20__

NOTE: TUITION IS CHARGED FOR SUMMER INTERDIVISIONAL REGISTRATIONS.

HOPKINS ID	LAST NAME	FIRST NAME	MIDDLE/MAIDEN NAME

EMAIL ADDRESS	PHONE NUMBER

HOST DIVISION
<input type="checkbox"/> AAP = ADV. ACAD. PROG. <input type="checkbox"/> BE = BUSINESS <input type="checkbox"/> ED = EDUCATION <input type="checkbox"/> EP = ENG. FOR PROS. <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

CLASSIFICATION – Check one box only				
<u>UNDERGRADUATES</u> <table style="width: 100%;"> <tr> <td style="width: 20px;">Engineering</td> <td style="font-size: 2em; vertical-align: middle;">}</td> <td style="padding-left: 10px;"> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior </td> </tr> </table>	Engineering	}	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<u>GRADUATES</u> <input type="checkbox"/> Special, Non-degree <input type="checkbox"/> Degree Candidate
Engineering	}	<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior		
<u>POST BACCALAUREATE</u> <input type="checkbox"/> EN Pre-Med Program				

PROGRAM OR DEPT OF STUDY
TIME STATUS
<input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student

INTERDIVISIONAL COURSES FOR WHICH CROSS-REGISTRATION IS SOUGHT						PREREQUISITES REQUIRE INSTRUCTOR SIGNATURE. <u>ALL</u> 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

MAJOR/MINOR OR FACULTY ADVISOR'S SIGNATURE: _____
 (REQUIRED FOR ALL PUBLIC HEALTH COURSEWORK TAKEN BY UNDERGRADUATE STUDENTS)

DATE: _____

ACADEMIC ADVISING OFFICE SIGNATURE: _____
 (REQUIRED: IF A WRITING OR DISTRIBUTION REQUIREMENT or IF NON-PUBLIC HEALTH STUDIES UNDERGRADUATE MAJOR REQUESTING PH COURSE)

DATE: _____