### THE JOHNS HOPKINS UNIVERSITY INTERDIVISIONAL REGISTRATION FORM

**Arts and Sciences** students who wish to enroll in a course offered by a division of the University other than their home division to fulfill a major or minor requirement must obtain their major/minor advisor’s approval 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.

**ARTS AND SCIENCES** students who wish to enroll in a course offered by another division to fulfill a distribution or writing requirement must obtain their academic advisor’s approval on this form.

**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:  
- [ ] Fall 20___  
- [ ] Inter session 20___  
- [ ] Spring 20___

**NOTE:** TUITION IS CHARGED FOR SUMMER INTERDIVISIONAL REGISTRATIONS.

---

### HOPKINS ID  LAST NAME  FIRST NAME  MIDDLE/MAIDEN NAME

<table>
<thead>
<tr>
<th>EMAIL ADDRESS</th>
<th>PHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HOST DIVISION

- [ ] AAP = ADV. ACAD. PROG.  
- [ ] BE = BUSINESS  
- [ ] ED = EDUCATION  
- [ ] EP = ENG. FOR PROS.  
- [ ] ME = MEDICINE  
- [ ] NR = NURSING  
- [ ] PH = PUBLIC HEALTH  
- [ ] PY = PEBODY  
- [ ] SA = SAIS

### CLASSIFICATION – Check one box only

#### UNDERGRADUATES

- Freshman  
- Sophomore  
- Junior  
- Senior

#### GRADUATES

- Special, Non-degree  
- Degree Candidate

### POST BACCALAUREATE

- AS Pre-Med Program

### PROGRAM OR DEPT OF STUDY

### TIME STATUS

- [ ] Full-time student  
- [ ] Part-time student

### INTERDIVISIONAL COURSES FOR WHICH CROSS-REGISTRATION IS SOUGHT

<table>
<thead>
<tr>
<th>DIVISION</th>
<th>DEPARTMENT</th>
<th>COURSE #</th>
<th>SECTION</th>
<th>COURSE TITLE</th>
<th>CREDITS</th>
<th>PREREQUISITES REQUIRE INSTRUCTOR SIGNATURE. ALL PH COURSES REQUIRE INSTRUCTOR SIGNATURE FOR NON-PUBLIC HEALTH STUDIES UNDERGRADUATE STUDENTS</th>
<th>TUITION RATE</th>
<th>AUDIT** (CHECK)</th>
<th>TERMS OFFERED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**if permitted

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

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

**DATE:**

---

10.2016 revision