

Office of Records and Registration

2500 West North Ave., Baltimore, MD 21216 Phone (410) 951-3700 Fax (410) 951-3701

Semester/Year

					Date Processed Processed By							
STUDENT ID N	UMBER	PLEASE PRINT: NAME- Last, First & M.I.						DATE PREPARED	MAJOR/MINOR			
PLEASE PRINT ADDRESS-STREET, CITY STATE & ZIP CODE									TELEPHONE HOME	CELLULAR	BUSINESS	
IS THE ABOVE ADRESS NEW? YES NO		SEX M	F	F //		VET STATUS VET NON-VET		Are you of Hispanic or Latino or other Spanish culture or origin, What is your race? Select one o	REQUESTED FOR FEDERAL REPORTING: or Latino origin? A person of Cuban, Mexican, Puerto Rican, South or Central American, or or origin, regardless of raceYesNo elect one or more of the following categories: r Alaska Native, Asian,Black or African American, Native Hawaiian or other Pacific			
DISC. CODE <i>Ex. ENGL</i>	COURSE NO. <i>Ex. 101</i>		SECT. NO Ex. 001	Э.	CRED <i>Ex. 3</i>	DIT HRS. COURSE TITI		ΓLE				
Undergraduate stude number of allowed or School of Graduate S and 12 for graduate. Undergraduate stude By signing this form have been admitted, i my responsibility to Registration Informa obtaining refunds. I	redits. Graduate stud tudies. The maximu Permission will not nts must have a 3.0 c , I hereby promise t regardless of whethe drop my classes i tion each semester a t is my responsibili	ents must m number be granted or higher <u>s</u> to pay tuit r I attend n accorda and that I ity to mee	t obtain perm er of credits a ed for more t grade point a ition and fee the course(s ance with the must follow et with my	mission from the allowed for un- than 21 underg average to be e e charges for e s) or receive fi- the procedures w the procedures advisor prior	TS HOURS:		DATH	3				
Office of Records and Registration for processing prior to the published registration deadline.												

Revised: April 2020