## UNIVERSITY SYSTEM OF MARYLAND

Application for Inter-Institutional Enrollment



STUDENT INFO Name:					SSN.		
Address:						·	
	City County			State Zip Code			
Home Phone:()				Local Phone:()			
Email:				Fax Number:()			
Date of Birth (m/d/y): Gender:				Male Female Race:			
						Graduate 1 <sup>st</sup> Professional	
Residency Statu	s: 🛛 In-state 🛛	Out-of-State	Student Signat	ture:		Date:	
REGISTRATION							
Check appropriate		n (current enrollm	-	-	-		
Home		- 11-5 3t -		Home Host		adaad Dallingaa	
		te University			-	ryland, Baltimore	
		ate University				ryland, Baltimore County	
	Frostburg State University						
	Salisbury University University University University University University					•	
	Towson U	-			University of Ma	ryland University College <sup>1</sup>	
	University	of Baltimore					
Semester and Ye	ear of Desired E	nroliment: 🛛 F	<sup>-</sup> all □ Spri	ng 🗆 🛙	Summer <sup>2</sup> Y	ear:	
Course Prefix	Course	Section	Grading	Credit	Home	Academic Approval	
	Number	Number	Option	Hours	Equivalent		
						Total Credits Requested:	
Other institution approval as appropriate <sup>3</sup> :					Date:		
			Signatur	e/Title			
FOR OFFICIAL	USE ONLY - I	HOME INSTITU	TION APPROV	AL			
To be completed by	-			2			
Inter-Institution Passport Prog	0						
	, , ,					Date:	
To be completed		•					
Agency Code:	P	rogram:	Fund:		Object Source	:	
Transaction Cod		_					
restricted programs combined) according	self-supporting prog that student is degree of study. Undergrae g to the home instit	rams may be exclu ee-seeking, in good duate students enro ution. Approval doe	ded academic standing, Iling through Inter-In s not insure availabi	stitutional regis	tration must be full- the course at the h	other criteria set for screened or time students (when credits are lost institution. ic calendar for final exam dates. ges generated as a result of enroliment as prescr	