

## REGISTRATION FORM

*IMPORTANT: USE BALL POINT PEN • PRINT • PRESS FIRMLY • FILL OUT FORM NEATLY AND ACCURATELY. THE JOHNS HOPKINS UNIVERSITY BLOOMBERG SCHOOL OF PUBLIC HEALTH*

LAST NAME

FIRST NAME

MI

EMAIL ADDRESS \_\_\_\_\_

(DAY) PHONE NO. \_\_\_\_\_

(EVE) PHONE NO. \_\_\_\_\_

DEPT. \_\_\_\_\_

CURRENT PH DEG. PGM \_\_\_\_\_

TERM \_\_\_\_\_

YEAR \_\_\_\_\_

SCHOOL	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	UNITS	INSTRUCTOR'S APPROVAL (SPECIAL STUDENTS LIMITED • COURSES BY CONSENT • SPECIAL STUDIES) PLEASE READ "REQUIRED CONSENTS AND APPROVALS" ON REVERSE.
PH					
PH					
PH					
PH					
PH					
PH					
PH					
<b>SPECIAL REGISTRATIONS</b>					
AUDIT/ PASS-FAIL OPTIONS**					
SCHOOL	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	UNITS	<input type="checkbox"/> FOR P/F** <input type="checkbox"/> FOR AUDIT INSTRUCTOR'S APPROVAL (AUDITED COURSES • SPECIAL STUDENTS LIMITED). PLEASE READ "REQUIRED CONSENTS AND APPROVALS" ON REVERSE.
PH					
PH					
PH					
PH					
<b>INTERDIVISIONAL COURSES (NON-PH) †</b>					
SCHOOL	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	UNITS	<input type="checkbox"/> FOR AUDIT † YOU MUST ALSO COMPLETE THE INTERDIVISIONAL REGISTRATION FORM TO ENROLL IN A COURSE FROM ANOTHER DIVISION (NON-PUBLIC HEALTH). ***SPECIAL STUDENTS LIMITED MAY NOT TAKE COURSES INTERDIVISIONALLY*** SCHOOL CODES: AS - ARTS AND SCIENCES BE - BUSINESS AND EDUCATION EN - ENGINEERING ME - MEDICINE NR - NURSING SA - SAIS

**\*\* PLEASE READ PASS-FAIL POLICY ON REVERSE.** BY CHECKING THE P/F BOX YOU ARE CONFIRMING THAT YOU HAVE READ, UNDERSTAND AND WILL ABIDE BY THE PASS-FAIL REGULATIONS AS STATED ON THE REVERSE OF THIS FORM.

**\*\*INTERNATIONAL STUDENTS\*\*** UNITED STATES LAW MANDATES THAT INTERNATIONAL STUDENTS MAINTAIN A FULL-TIME COURSE LOAD OF 12 CREDITS OR MORE. FAILURE TO MAINTAIN A FULL-TIME COURSE LOAD MAY ADVERSELY AFFECT YOUR VISA STATUS. YOUR REGISTRATION DATA IS REPORTED TO THE OFFICE OF INTERNATIONAL SERVICES (OIS) AT THE END OF ADD/DROP EACH TERM. PLEASE CONTACT OIS BEFORE REGISTERING FOR FEWER THAN 12 CREDITS.

TOTAL UNITS	TUITION
	\$
RO INIT./DATE	BO INIT./DATE
	ENTRY OPERATOR INIT./DATE

FOR OFFICE USE ONLY

PRINT ADVISOR'S NAME \_\_\_\_\_

I CONFIRM THAT I HAVE OBTAINED MY ADVISOR'S CONSENT (STUDENT, PLEASE INITIAL ABOVE)

OR

ADVISOR'S SIGNATURE \_\_\_\_\_

**REGISTRAR'S OFFICE**