

CHANGE OF 2ND MAJOR AND/OR 2ND MAJOR ADVISOR

HOPKINS ID: _____ DATE _____

STUDENT'S NAME: _____ LAST, _____ FIRST, _____ MI _____

TERM: FALL _____ SPRING _____ ACADEMIC YEAR _____

CLASS: FRESHMAN (EN ONLY) _____ SOPHOMORE _____ JUNIOR _____

If you have more than one major, you will have 2 advisor alerts for fall and spring registrations. I understand that I can only register for fall and spring after seeing my major advisors to release the alert. Student Signature _____

SENIORS MUST SUBMIT CHANGES DIRECTLY TO ACADEMIC ADVISING OFFICES.

INSTRUCTIONS

- Student: 1. Fill in your student information, the name of your 2nd major and your 1st major and 1st advisor.
2. Take this form to the new 2nd major department.
- 2nd Major Dept.: 1. Print the name of the 2nd major advisor (last name, first name).
2. Keep the 2nd Advisor (yellow) copy.
- Student: 1. Take the white 2nd Major copy to the Office of the Registrar.
2. If you are changing or deleting your 2nd major, take the pink copy to your old 2nd Major department.

I AM CHANGING MY SECOND MAJOR ☐ I AM ADDING A SECOND MAJOR ☐ I AM DELETING A SECOND MAJOR ☐

NEW 2 ND MAJOR (adding or changing)	MAJOR NAME	AS <input type="checkbox"/> EN <input type="checkbox"/>
NEW 2 ND MAJ. ADV. (adding or changing)	LAST NAME, FIRST NAME	
OLD 2 ND MAJOR (changing or deleting)	MAJOR NAME	
OLD 2 ND MAJ. ADV. (changing or deleting)	LAST NAME, FIRST NAME	
WHAT IS YOUR 1 ST MAJOR?		AS <input type="checkbox"/> EN <input type="checkbox"/>
WHO IS YOUR 1 ST MAJOR ADVISOR?		

NEW 2ND MAJOR DEPT: _____

SIGNATURE _____

PRINTED NAME _____

REGISTRAR'S OFFICE _____ DATE OF CHANGE _____ INITIALS _____

INSTRUCTIONS

Student: 1. Fill in your student information, your old major and advisor and the name of your new major.
2. Take this form to your new department for your new advisor.

New Dept.: 1. Print the name of the new advisor (last name, first name).
2. Give the white and pink copies to the student.
3. Keep the New Advisor (yellow) copy.

EN Student: 1. Take white and pink copies to the Office of Academic Affairs.

A&S Student: 1. Take the pink copy to your old department.
2. Take the white copy to the Office of the Registrar (seniors must submit the white copy directly to Academic Advising).

A&S Old Dept.: 1. When you receive the Old Advisor (pink) copy, please send the student's advising folder to the new major's department as soon as possible.

NEW DEPT.:

SIGNATURE

PRINTED NAME

REGISTRAR'S:
OFFICE

DATE RECEIVED

INITIALS

CHANGE OF 1ST MAJOR AND/OR 1ST MAJOR ADVISOR

HOPKINS ID: _____ DATE _____

STUDENT'S NAME: _____ LAST, _____ FIRST, _____ MI _____

TERM: FALL _____ SPRING _____ ACADEMIC YEAR _____

CLASS: FRESHMAN (EN ONLY*) _____ SOPHOMORE _____ JUNIOR _____

If you have more than one major, you will have 2 advisor alerts for fall and spring registrations. I understand that I can only register for fall and spring after seeing my major advisors to release the alert. Student Signature _____

* THE ARTS & SCIENCES FRESHMAN MAJOR IS A&S PRE-MAJOR UNTIL SOPHOMORE YEAR
SENIORS MUST SUBMIT CHANGES DIRECTLY TO ACADEMIC ADVISING OFFICES

CHANGE MY MAJOR:

OLD MAJOR _____ MAJOR NAME _____ AS ☐ EN ☐

ADVISOR _____ LAST NAME, FIRST INITIAL _____

NEW MAJOR _____ MAJOR NAME _____ AS ☐ EN ☐

ADVISOR _____ LAST NAME, FIRST Name (Please print clearly) _____

SWITCH MY CURRENT 1ST & 2ND MAJORS – NEW 1ST _____

NEW 2ND _____

ADDITION/CHANGE OF MINOR AND/OR MINOR ADVISOR

HOPKINS ID: _____ DATE _____

STUDENT'S NAME: LAST, _____ FIRST, _____ MI _____

TERM: FALL _____ SPRING _____ ACADEMIC YEAR _____

YEAR OF STUDY: FRESHMAN (EN ONLY) _____ SOPHOMORE _____ JUNIOR _____

SENIORS MUST SUBMIT CHANGES DIRECTLY TO ACADEMIC ADVISING OFFICES.

INSTRUCTIONS

- Student:
- Fill in your student information, the name of your minor and your 1st major and 1st advisor.
 - Take this form to the new minor department.
- Minor Dept:
- Write in the name of the minor advisor, last name, first name. Obtain advisor's signature.
- Student:
- Take the Minor change form to the Office of the Registrar for processing.

I AM CHANGING A MINOR ☐ I AM ADDING A MINOR ☐ I AM DELETING A MINOR ☐

NEW MINOR (adding or changing)	MINOR NAME _____	AS <input type="checkbox"/> EN <input type="checkbox"/>
NEW MINOR ADV. (adding or changing)	LAST NAME, FIRST NAME _____	
OLD MINOR (changing or deleting)	MINOR NAME _____	
OLD MINOR ADV. (changing or deleting)	LAST NAME, FIRST NAME _____	
WHAT IS YOUR 1 ST MAJOR?	_____	AS <input type="checkbox"/> EN <input type="checkbox"/>
WHO IS YOUR 1 ST MAJOR ADVISOR?	_____	

MINOR DEPT:	SIGNATURE _____
PRINTED NAME _____	
REGISTRAR'S OFFICE	DATE OF CHANGE _____ INITIALS _____

RETURN COMPLETED FORM TO THE OFFICE OF THE REGISTRAR

THE STUDENT:

PLEASE PRINT
AND
SIGN FIRMLY

COPIES MUST
BE LEGIBLE

PRINT NAME

Last

First

Middle

MAJOR

AS

EN

FALL

SPRING

INTER

20

Hopkins ID

THE JOHNS HOPKINS UNIVERSITY

UNDERGRADUATE COURSE CHANGE

Circle Standing

FRESHMAN

SOPHOMORE

SPECIAL

JUNIOR

SENIOR

POST-BAC

Date of Change

	SCH	DEPT. NO.	COURSE NO.	SECT. NO.	DESCRIPTIVE COURSE TITLE	SU	WL	CREDITS	INSTRUCTOR'S SIGNATURE
ADDS									
DROPS									
									TOTAL CREDITS AFTER CHANGE

DATE APPROVED

APPROVAL SIGNATURE

REGISTRAR

JOHNS HOPKINS UNIVERSITY

Office of the Registrar

UNDERGRADUATE RESEARCH, INDEPENDENT STUDY, INTERNSHIP AND DEPARTMENTAL THESIS FORM

Registration for Independent Study, Internship, and/or Research must be completed by the end of the second week of the semester. Retroactive registration is prohibited.

Print Name _____
Last First MI

Major _____ Hopkins I.D. _____

Phone: _____ E-mail: _____

Faculty Sponsor: _____ Phone: _____ E-mail: _____

CHECK ONE:

☐ Freshman ☐ Junior
☐ Sophomore ☐ Senior
☐ Post-Bac ☐ Visiting

The faculty sponsor must be a full-time faculty member on the Homewood Campus. The signature below signifies that the faculty sponsor has reviewed a written proposal, summarized above.

DIV DEPT NO. COURSE NO. SECTION NO. DESCRIPTIVE COURSE TITLE

Registration For: _____ Fall _____ Spring _____ Intersession _____ Summer _____ Year 20 _____

THIS SECTION IS TO BE COMPLETED BY FACULTY SPONSOR.

Please check all required assignments:

- ☐ Informational Interviews
- ☐ Class Presentation
- ☐ Summary Paper (# pages _____)
- ☐ Journal (daily)
- ☐ Journal (weekly)
- ☐ Faculty Selected Readings
- ☐ Student Selected Readings
- ☐ Other, please describe: _____

Check one:

_____ RESEARCH Graded _____ S/U _____ Credits _____

_____ INDEPENDENT STUDY Graded _____ S/U _____ Credits _____

- A maximum of 3 credits may be earned in any one semester, summer, or intersession.
- A maximum of 6 credits may be earned per academic year (Summer to Spring).
- Each credit hour should reflect 40 hours of work on the project.
- Projects for academic credit must be unpaid.
- These credits do not satisfy distribution requirements; check with your department for other credit usage.

_____ INTERNSHIP (S/U Only and 1.0 credit only)

_____ THESIS

The student should write a brief description of the project in this space. [Note: This portion should summarize a longer proposal approved by the Faculty Sponsor.]

FACULTY SPONSOR SIGNATURE: _____ DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

JOHNS HOPKINS UNIVERSITY
OFFICE OF THE REGISTRAR
GRADUATE COURSE CHANGE FORM

Full Time

Part Time

Hopkins ID (6 characters)

Date

Last/Family Name

First

Middle

Major

Fall Term

Spring Term

20

ADD TO REGISTRATION:

Course School	Course Dept.	Course No.	Section No.	Course Title	For Credit	For Audit

DROP FROM REGISTRATION:

CHANGE REGISTRATION (Change Grading System, Switch Section):

Permission Signatures, When Required



INSTRUCTOR (Please Print)

INSTRUCTOR APPROVAL SIGNATURE



CHAIR OR ADVISOR'S NAME (Please Print)

SIGNATURE OF CHAIR OR ADVISOR



DEAN'S OFFICE (Please Print)

SIGNATURE OF DEAN'S OFFICE

Remarks:

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 adviser on this form and the regular registration form. ME tutorials also require a signature from Pre-professional Advising.

Inquire at the home division registrar's office concerning particular interdivisional regulations. Please refer to details available in the Undergraduate Academic Manual.

Note: Students must meet host division requirements (including but not limited to registration requirements). It is the student's responsibility to be sure that all prerequisites have been met for each course listed.

Who should use this form:

1. WSE students who want to take a course in another JHU division (except KSAS).
2. Students from other divisions who want to take a course in WSE.

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" (Item #8 below).

- ☐ Fall 20___ ☐ Intercession 20___ ☐ 1st Quarter 20___ ☐ 3rd Quarter 20___
☐ Spring 20___ ☐ Summer 20___ ☐ 2nd Quarter 20___ ☐ 4th Quarter 20___

NOTE: TUITION IS CHARGED FOR SUMMER INTERDIVISIONAL REGISTRATIONS.

ALL STUDENTS COMPLETE ITEMS 1 THROUGH 8.

1. HOPKINS ID

2. LAST NAME

FIRST NAME

MIDDLE/MAIDEN NAME

3. ENROLLMENT CODE - Check 1 box in EACH column (must differ)

STUDENT'S COURSE (HOME DIVISION) (HOST DIVISION)

- ☐ AS = ARTS & SCIENCES
☐ AAP = ADV. ACAD. PROG.
☐ BE = BUSINESS & EDUC.
☐ EN = ENGINEERING
☐ ME = MEDICINE
☐ NR = NURSING
☐ PH = PUBLIC HEALTH
☐ PY = PEABODY
☐ SA = SAIS
☐ EPP = ENGR. & APPL. SCI.

4. CLASSIFICATION - Check one box only

UNDERGRADUATES (EXCEPT WSE-EPP)

- Engineering Freshman ☐ 11
 Peabody Sophomore ☐ 12
 Nursing Junior ☐ 13
 Senior ☐ 14
 Assoc Degree (BE only) ☐ 17
 Certificate (BE only) ☐ 18
 BE Undergrads and ☐ 19
 Peabody unclassified ☐ 10
 Special, Non-Degree

POST BACCALAUREATE

- EN Pre-Med Program ☐ 27
 BE Special Student applying for graduate credit ☐ 28
 BE Pre-Admissions Plan Conditional Acceptance ☐ 29

POST-DOCS

- MED/PH ☐ 50

MEDICAL SCHOOL

- 1st YR ☐ 21 3rd YR ☐ 23
 2nd YR ☐ 22 4th YR ☐ 24
 MED Special ☐ 20

5. PROGRAM OR DEPT OF STUDY

6. TIME STATUS

- ☐ Full-time student
☐ Part-time student

7. LOCAL ADDRESS OR BOX NUMBER

CITY

STATE

ZIP CODE

BOX #

DAYTIME PHONE NUMBER

EMAIL:

8. INTERDIVISIONAL COURSES FOR WHICH CROSS-REGISTRATION IS SOUGHT

DIVISION	DEPARTMENT	COURSE #	SECTION	COURSE TITLE	CREDITS	PREREQUISITES, IF ANY	INSTRUCTOR/OTHER SIGNATURE IF NEEDED	TUITION RATE / PART-TIME STUDENTS	AUDIT **	TERMS OFFERED

** If permitted

APPROVAL OF STUDENT'S (HOME) FACULTY ADVISER: DATE: _____

School of Professional Studies in Business and Education Approval: DATE: _____

TO THE COURSE (HOST) DIVISION REGISTRAR: This student may be enrolled in the above courses to be offered by your division providing there is still a vacancy.

APPROVAL OF STUDENT'S (HOME) DIVISION REGISTRAR: DATE: _____

TO THE STUDENT'S (HOME) DIVISION REGISTRAR: This student has been officially registered in the above courses. At the conclusion of the term, you will be sent a report of the student's final grades.

APPROVAL OF COURSE (HOST) DIVISION REGISTRAR: DATE: _____

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 adviser's approval on this form.

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 adviser's approval on this form.

Arts and Sciences graduate students require their faculty adviser's signature.

Note: Students must meet host division course requirements.

For All Other Divisions:

☐ 1st Quarter 20__

☐ Summer 20__

☐ 2nd Quarter 20__

☐ Fall 20__☐ 3rd Quarter 20__

☐ Intercession 20 ____

☐ 4th Quarter 20__

□ Spring 20__

NOTE: TUITION IS CHARGED FOR SUMMER INTERDIVISIONAL REGISTRATIONS.

EMAIL ADDRESS**PHONE NUMBER**

HOST DIVISION

CLASSIFICATION – Check one box only

PROGRAM OR DEPT OF STUDY

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

CLASSIFICATION – Check one box only	
<u>UNDERGRADUATES</u>	<u>GRADUATES</u>
Arts & Sciences <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> { <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> Freshman Sophomore Junior Senior </div> </div>	Degree Candidate
<input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior	<input type="checkbox"/> Special, Non-degree <input type="checkbox"/> Degree Candidate
<u>POST BACCALAUREATE</u>	
AS Pre-Med Program	<input type="checkbox"/>

PROGRAM OR DEPT OF STUDY

TIME STATUS

☐ Full-time student

☐ Part-time student

[illegible]

if permitted

MAJOR/MINOR OR FACULTY ADVISER'S SIGNATURE: _____

DATE: _____

ACADEMIC ADVISING OFFICE SIGNATURE: _____

DATE: _____

(IF A WRITING OR DISTRIBUTION REQUIREMENT)