



TERM/YEAR: _____

STUDENT INFORMATION

LAST NAME	
FIRST NAME	
PREVIOUS LAST NAME	
STUDENT ID or SSN	
DATE OF BIRTH	
STREET ADDRESS	
CITY, STATE, ZIP	
PREFERRED PHONE # and EMAIL	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
HOME INSTITUTION	<input type="checkbox"/> University of Baltimore <input type="checkbox"/> Towson University
TUITION RESIDENCY STATUS	<input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State

STUDENT'S SIGNATURE: _____ **DATE:** _____
(Required)

COURSE INFORMATION

COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	CLASS NAME	CREDIT HOURS	HOME EQUIVALENT	ADVISOR INITIALS

ADVISOR APPROVAL

Approved for _____ credits offered by: Towson University University of Baltimore

Program Director/Coordinator Signature: _____

Printed Name: _____

TU ACBS CONTACT Phone: 410-704-2007 Fax: 410-704-6352	UB ACBS CONTACT Phone: 410-837-4821 Fax: 410-837-4820
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