THE JOHNS HOPKINS UNIVERSITY INTERDIVISIONAL (IDR) REGISTRATION FORM

Students who wish to enroll in a course offered by a division of the university other than their HOME division must submit this form and any permissions or approvals as listed in the course requirements or by the student's home school. Your HOME school may require certain permissions and approvals, however, the school hosting the course will have final approval. Requests for students who do not meet the HOME division's requirements will not be forwarded on to the HOST school. Students will be notified via email when the registration has been approved.

Check the box next to the term the course is offered:

For Courses Offered at PH:
- ☐ 1st Term 20__
- ☐ 2nd Term 20__
- ☐ 3rd Term 20__
- ☐ 4th Term 20__
- ☐ Summer 20__

For All Other Divisions:
- ☐ Fall 20__
- ☐ Spring 20__
- ☐ Summer 20__

IDR registrations are not permitted during Intersession or Summer

STUDENT INFORMATION:

Student ID/SSN: ___-___-____ Last Name, First Name, Middle I.: _____

Student Email: _____ Daytime Phone Number: ___-___-____x____

STUDENT'S (HOME) DIVISION:
- ☐ Arts and Sciences
- ☐ Advanced Academic Programs
- ☐ Carey Business School
- ☐ School of Education
- ☐ School of Engineering
- ☐ Part Time Engineering
- ☐ School of Medicine
- ☐ School of Nursing
- ☐ School of Public Health
- ☐ Peabody
- ☐ SAIS

COURSE (HOST) DIVISION:
- ☐ Arts and Sciences
- ☐ Advanced Academic Programs
- ☐ Carey Business School
- ☐ School of Education
- ☐ School of Engineering
- ☐ Part Time Engineering
- ☐ School of Medicine
- ☐ School of Nursing
- ☐ School of Public Health
- ☐ Peabody
- ☐ SAIS

YEAR OF STUDY:
- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Post Baccalaureate
- ☐ Graduate (Masters)
- ☐ Graduate (Doctoral)
- ☐ Post Doctoral

PROGRAM OF STUDY:

Degree: _____

Department: _____

TIME STATUS:
- ☐ Full-time student
- ☐ Part-time student

INTERDIVISIONAL COURSE(S) REQUESTED:

DIV.	DEPT.	COURSE #	SECT.	COURSE TITLE	COURSE CREDITS*	REQUIRED PERMISSIONS** (SIGNATURE/ ATTACH TO FORM)	AUDIT*** (CHECK)	TERM OFFERED

* Credits are subject to the appropriate conversion ** Consult the course booklet for required course permissions. *** Instructor's permission is required to Audit PH courses

Advisor or Advising Office Consent (if required):

_____

Date: _____

Approval of HOME Division Registrar:

_____

Date: _____

Approval of HOST Division Registrar:

_____

Date: _____

~ For SOM IDR Registration Only ~