JOHNS HOPKINS
SCHOOL *of* EDUCATION

Registration Form

Submit this form using SEAM's Online form: support.sis.jhu.edu/case

All Students Complete

ID NUMBER	NAME (LAST, FIRST, M.I.)	SSN
__ __ __ __ __ __		XXX-XX- __ __ ___ __

ADDRESS	CITY	STATE	ZIP CODE	COUNTY (Maryland)

DAY TELEPHONE	JHU EMAIL ADDRESS

CHECK ONE: ϒ This is my first time attending JHU   ϒ I attended JHU previously; the last term I attended JHU was:

List Courses Below

Please check all information is correct, including tuition cost. If you want to audit the course place an **X** in the audit column.

SEMESTER/ YEAR	DEPT. ex. ED	NUMBER ex. 123.456	SECTION ex.91 or AB1C	TITLE OF COURSE	AUDIT	TUITION

Office Use Only

Date Processed

Processed By

Adviser's Approval

Alternate Courses. If the above course(s) are closed, you will automatically be registered for the courses below.

Student's Signature: _____   **Date:** _____