

Student Name: _____

Date of Birth: _____

UB ID: _____

MICA ID: _____

Term: _____

Type of Student:

- Graduate student
- Undergraduate student

Home Institution:

- University of Baltimore
- Maryland Institute College of Art

Host Institution:

- University of Baltimore
- Maryland Institute College of Art

Contact Information

Street Address: _____

City, State, Zip: _____

Email: _____ Preferred Phone: _____

Add

Course Prefix	Course No	Section	Class Name	Credit Hours	Home Equivalent

Drop

Course Prefix	Course No	Section	Class Name	Credit Hours	Home Equivalent

Student Signature: _____ Date: _____

Home Institution Adviser Signature: _____ Date: _____

Home Institution Registrar Signature: _____ Date: _____

Host Institution Registrar Signature: _____ Date: _____

Please return completed form and official transcripts to:
University of Baltimore | Office of the University Registrar
Academic Center, Room 126 | 1420 N. Charles St. Baltimore, MD 21201
E: records@ubalt.edu | T: 410.837.4825 | F: 410.837.4820