



**Human Services Administration (M.S.)
Cooperative Registration Form**

Home Institution:

- University of Baltimore
- Coppin State University

Host Institution:

- University of Baltimore
- Coppin State University

Student Name: _____ Term: _____

Date of Birth: _____ UB ID: _____ Coppin ID: _____

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: ___ / ___ / ____

Adviser Approval

Approved for _____ credits offered by: Coppin State
 University of Baltimore

Program Coordinator/
Registrar Signature: _____ Date: ___ / ___ / ____