

Submit Completed Form:

Mail Johns Hopkins University, Advanced Academic Programs, Enrollment Services
1717 Massachusetts Avenue NW, Suite 101
Washington, DC 20036

Email aapregistration@jhu.edu

Fax 202.452.1970

Add/Drop Form

Academic Year 20 _____ January Intersession Spring May Intensive Summer Fall

Please print.

Date of Change _____ **Student ID Number** _____ **Email** _____
(check if new)

Mr. Mrs. Ms. _____
Last Maiden or previous name First MI

Address
(check if new) Street Apartment City

State Zip Maryland state residents, indicate County Country

Home Telephone _____ **Work or Daytime Telephone** _____

Adds

Department	Number	Section	Course Title	Credit	Audit	Tuition and Lab Fees
						\$
						\$
						\$

Drops

Department	Number	Section	Course Title	Credit	Audit	Tuition and Lab Fees
						\$
						\$
						\$

Check Method of Payment To obtain a receipt, please go to isis.jhu.edu

Check Credit Card* Employer Contract (provide contract with registration form) JHU Financial Aid JHU Tuition Remission**

* If you wish to pay by credit card, sign into your student account at isis.jhu.edu and manage your billing under the "Billing" section.

** Forward remission form to Student Accounts at 410.516.4322

Read the refund schedule (<http://advanced.jhu.edu/current-students/refund-schedule/>). See the Tuition and Fees page (<http://advanced.jhu.edu/current-students/tuition-and-fees/>).

Visit SIS (<https://sis.jhu.edu>) to confirm your enrollment. International students should refer to Student Visa requirements on the Internal Students page, prior to completing.

Interdivisional course requests - AAP only enters your course request, the host division offering the course has to approve your request for the course to appear on your schedule.

Please allow 1-3 business days for processing.

By signing my name below, I certify that I have read and understand the refund schedule. I know that the refund schedule begins 8 days prior to the first day of classes. I have read and agreed to the waiver of liability terms set forth in this document, and that all the information I have provided is accurate and complete.

Signature _____

Date _____

Office Use Only	70810ES13MM25LF
Percent of Refund	
Processed by	
Date	