



SOUTHWESTERN LAW SCHOOL

3050 Wilshire Boulevard · Los Angeles, CA 90010-1106
T: 213.738.6734 • E: registrar@swlaw.edu
www.swlaw.edu/student-services/registrar

REGISTRATION FORM Visiting Attorneys

The following courses will be entered on your official records and constitutes your enrollment. Any changes must be made by submitting a Student Action Report (SAR) to the Registration Office (W102).

Student Name: _____ **Student ID Number:** _____

Student Address: _____ **Phone Numbers (Home):** _____
_____ (Cell): _____

Anticipated Degree Date: _____ (Work): _____

Student Directory: _____ Check here if you DO NOT want to be included in the Online Student Directory.

NOTE: You will be automatically included in the Online Student Directory if you do not indicate a preference. Please note that your Online Student Directory preference does not affect directory information released in accordance with the provisions of FERPA. Please see the "Access to Student Records" section in the *Student Handbook* for more details.

Email Address (for use until Southwestern email account creation): _____

SEMESTER: _____ / **YEAR:** _____

<u>CAT #</u>	<u>SEC</u>	<u>COURSE</u>	<u>UNITS*</u>
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL UNITS			_____

***UNITS:** Please indicate "AU" for "audit" next to the course units if you are requesting to audit the course. Please be so kind as to note that seminar or skills courses may not be audited. The Registration Office will contact you if you are requesting to audit a seminar or skills course.

Please note that students must have paid the \$100 non-refundable Student Services Fee prior to registration.

FINANCIAL ACKNOWLEDGEMENT STATEMENT: I understand and agree that I may apply for Financial Aid and that my application for financial aid does not relieve me of my responsibility for payment of tuition and fees as described in the Southwestern Student Handbook available in the Dean of Students Office or online at www.swlaw.edu/student-services/deanofstudents/student_handbook. I also understand and agree that in the event of default I will be responsible for reasonable court costs, attorney fees and costs of collection.

SIGNATURE _____ **DATE** _____

Office use only:

Received by: _____ Date: ____/____/____ Entered by: _____ Date: ____/____/____

Total Payment: _____ Check # _____ Issued by: _____

Please return to the Registration Office and retain one copy for your records.