

LAW STUDENTS & ALUMNI, All Years -- SCHEDULE REQUEST FORM Spring 2019

Graduation Year: _____

- Intro Student
 1st year
 2nd year
 3rd year
 4th year
 Alumni/Auditor

Student No. _____

Full Name: _____
 Address _____
 (city, state, zip): _____
 E-mail Address _____
 Phone Numbers: _____
Home #
Work #
Cell #

If your address, telephone number or email has changed, please check "new" below so your records can be updated.

NEW

List the courses you would like to select in this area. Be sure to indicate the total units selected. ⇒ ⇒ ⇒ ⇒

TOTAL UNITS SELECTED:
(maximum of 10 units)

	Monday	Tuesday	Wednesday	Thursday	Use this column if taking a 2 nd class on the same evening. (M, T, W or Th)	3rd & 4th Years ONLY - Clinical Education •No. of Clin Ed. Units: _____ •Where you are doing Clinical Ed.? _____ •There will be a mandatory Clin Ed Meeting on: Date: Thurs.1/10/19 from 5:00-6:00 p.m. Room: TBD
Course Name	_____	_____	_____	_____	_____	
Course Number	_____	_____	_____	_____	_____	
Units	_____	_____	_____	_____	_____	

Please fill in the entire form indicating the courses you would like to take and return to Tracy or Rebecca **by: 6:00pm, Tues. 11/27/18.**
 Incomplete forms will not be accepted. Meet with Financial Aid (if approp) & Student Accounts during dates & times listed in registration email.

LATE FEE - \$40 FOR FAILURE TO COMPLETE ENTIRE REGISTRATION PROCESS BY MEETING WITH F/A & ACCTNG BY: 1:00PM FRI. 12/7/18.