



SOUTH TEXAS COLLEGE OF LAW

1303 SAN JACINTO ST., HOUSTON, TEXAS 77002

Non-Traditional Student Registration Form

STUDENT INFORMATION									
Student Name					Student ID Number				
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Student Mailbox Number	E-mail Address <div style="text-align: right;">@stcl.edu</div>				Date of Birth		Sex	Term	
Street Address								Apt/Suite No.	
City			State			Zip Code			
Student Type									
<input type="checkbox"/> Audit		<input type="checkbox"/> Consortium		<input type="checkbox"/> Foreign Exchange		<input type="checkbox"/> Transfer		<input type="checkbox"/> Transient	
REQUESTED COURSES									
Course Name			CRN			Professor			
ALTERNATE COURSES									
Course Name			CRN			Professor			
Signature _____					Date _____				
<p>By way of my signature, I authorize my requests(s) as indicated above.</p> <p>I understand that because of the ABA Residency Requirements, I cannot complete my degree earlier than 24 months or later than 84 months after commencing law studies.</p>									

Please mail or fax completed form to:

South Texas College of Law 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office Fax: 713-646-2939

Financial Aid: _____

Office Use Only

Processed by: _____

Date: ____/____/____