



PRIVATE AND INDEPENDENT SINCE 1923.

Course Approval Form

Complete this form and obtain faculty approval to be registered for the following courses:

- *ADR Competitions*
- *Corporate Counsel Review*
- *CURRENTS*
- *Law Review*
- *Moot Court*

You must complete a separate form for each course. Retroactive approval will not be granted.
Please reference the STCL handbook for prerequisites and requirements.

STUDENT INFORMATION		
Student Name	Student ID Number	
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Term	Hours Completed at End of last term	Current GPA
<p>Please check the course to be approved:</p> <p><input type="checkbox"/> ADR Competitions</p> <p style="margin-left: 20px;"><input type="checkbox"/> Section A</p> <p style="margin-left: 20px;"><input type="checkbox"/> Section B</p> <p style="margin-left: 20px;"><input type="checkbox"/> Section C</p> <p>CRN: _____</p> <p><input type="checkbox"/> Corporate Counsel Review (First Semester Only)</p> <p><input type="checkbox"/> Journal of International Economic Law (First Semester Only)</p> <p><input type="checkbox"/> Law Review (First Semester Only)</p> <p><input type="checkbox"/> Moot Court</p> <p style="margin-left: 20px;"><input type="checkbox"/> Section A</p> <p style="margin-left: 20px;"><input type="checkbox"/> Section B</p> <p style="margin-left: 20px;"><input type="checkbox"/> Section C</p> <p>CRN: _____</p> <p>Will enrolling in this course change your enrollment status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, you must notify Financial Aid.</p> <p>Financial Aid Signature: _____ Date: _____</p> <hr/> <p>Student Signature: _____ Date: _____</p> <p>Supervising Faculty Signature: _____ Date: _____</p>		

Please submit completed form to: South Texas College of Law Houston 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office Fax:(713) 646-2939 Email: registrar@stcl.edu

Office Use Only

Processed by: _____

Date: ____/____/____