



PRIVATE AND INDEPENDENT SINCE 1923.

**Non-Traditional Student
Registration Form**

STUDENT INFORMATION			
Student Name			
Social Security #	Date of Birth	Sex	Term
Street Address		Apt/Suite No.	
City		State	Zip Code
Student Type			
<input type="checkbox"/> Audit (A) <input type="checkbox"/> Consortium (D)			
REQUESTED COURSES			
#	Course Name	CRN	Professor
1			
2			
3			
4			
5			
6			
ALTERNATE COURSES			
Please enter the Requested Course number that corresponds with the Alternate Course in the RC# field.			
RC#	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>			

Office Use Only

Processed by: _____

Date: ___/___/___

Please mail or fax completed form to:

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