



PRIVATE AND INDEPENDENT SINCE 1923.

**Non-Traditional Student
Registration Form**

STUDENT INFORMATION									
Student Name					Social Security #				
E-mail Address					Date of Birth		Sex		Term
Street Address								Apt/Suite No.	
City			State				Zip Code		

Student Type

Audit (A) Graduate Audit (G) Consortium (D) Foreign Exchange (F) Transfer (T) Transient (X)

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 _____

By way of my signature, I authorize my requests(s) as indicated above.

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.

Please submit completed form to:

South Texas College of Law Houston 1303 San Jacinto Street Houston, TX 77002 Attn: Student Services

Fax: 713-646-2939 Email: studentservices@stcl.edu

Office Use Only

Processed by: _____

Date: ___/___/___