



SCHOOL of LAW

Office of the Law Registrar  
25 East Pearson Street  
Room 1203  
Chicago, IL 60611  
Phone: (312) 915-7167

## APPLICATION FOR VISITING STUDENTS OR ATTORNEYS TO REGISTER FOR A LIMITED CURRICULUM

### APPLICATION FEE: \$50.00

Name \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Visiting Term \_\_\_\_\_  
(Term: Fall, Spring, Summer) (Year)

### Present Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Work)

### Permanent Address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Home) (Work)

E-Mail Address \_\_\_\_\_

Sex \_\_\_\_ Male \_\_\_\_ Female

Name of Law School you are presently attending: \_\_\_\_\_

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Number of Hours Completed \_\_\_\_\_

Have you previously taken law courses at Loyola? \_\_\_\_\_



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Please list below the course(s) you are interested in taking:

1) \_\_\_\_\_

2) \_\_\_\_\_

**ATTORNEY:**

Are you an attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No State: \_\_\_\_\_

If yes, please state your reason for wanting to take a course: \_\_\_\_\_

**ALUMNI:**

Are you an Alum of Loyola University Chicago, School of Law? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date of graduation: \_\_\_\_\_

**CURRENT LAW SCHOOL STUDENTS ONLY:**

A letter of good standing from the Dean or Law School Registrar must be submitted prior to the start date of classes. The letter should state that you are currently a student in good standing, that you have permission to take a course at Loyola and any special requirements that your school of origin may impose. The letter should be mailed to the address below. Your application will not be complete until this letter is received.

**ALL APPLICANTS**

All applications and fees should be sent to:

Loyola University Chicago  
School of Law  
Registrar Office  
25 East Pearson Street, Room 1203  
Chicago, IL 60611

I acknowledge that entry into the course/s is pending faculty approval and space availability. All registration must be processed by the end of the late registration period. I am also aware that upon course registration, I will incur a tuition bill from the University Bursar's Office.

I affirm that the information I have provided on this application is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date