



HOUSTON
COLLEGE OF LAW
 EST. 1923

REGISTRAR
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 mail or fax completed form to:
 Houston College of Law 1303 San Jacinto Street Houston, TX 77002 Attn: Registrar's Office Fax: 713-646-2939

Office Use Only

Processed by: _____
 Date: ___/___/___