



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 <input type="checkbox"/> Audit (A) <input type="checkbox"/> Graduate Audit (G) <input type="checkbox"/> Consortium (D) <input type="checkbox"/> Foreign Exchange (F) <input type="checkbox"/> Transfer (T) <input type="checkbox"/> 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: ____/____/____