



University of Connecticut School of Law
Office of the Registrar
55 Elizabeth Street
Hartford, Connecticut 06105
860/570-5136
860/570-5135 (fax)

Enrollment Request Form

Student's signature below acknowledges their request to be registered for the course(s) listed and the obligation to pay all associated tuition and fees. Students must formally withdraw in a timely manner to avoid any liability for these fees. If courses are oversubscribed, students are placed on waiting lists. Placement in a course is automatic from the waiting list as space becomes available, thus students are responsible for knowing their enrollment status in these courses and dropping waitlisted courses as well if they are no longer interested.

PLEASE PRINT:

 Last Name First Middle

 Social Security Number (Optional)

 Student Signature - **REQUIRED**

 Student Admin ID Number (Current Students Only)

SEMESTER:

_____ Fall
 _____ Spring
 _____ June Term
 _____ July Term

YEAR:

_____ 2007
 _____ 2008
 _____ 2009
 _____ 2010

STUDENT DIVISION:

_____ JD Program, Day Division _____ Visiting Student
 _____ JD Program, Eve Division _____ Exchange Student
 _____ LL.M. US Legal Studies _____ Special Student
 _____ LL.M. Insurance Law _____ Auditor

PLEASE INDICATE THE COURE(S) IN WHICH YOU WISH TO ENROLL:

COURSE TITLE	INSTRUCTOR	CATALOG/SEC #	CREDITS
<input type="checkbox"/> Please check the box to the left if you plan on enrolling in a Special Research Project, Individual Externship or Thesis. These require additional application materials.			

For Office Use Only:

 Processor's Initials

 Date Received

 Date Processed