

WILLAMETTE UNIVERSITY COLLEGE OF LAW OFFICIAL REGISTRATION

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LAST

FIRST

MIDDLE INITIAL

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STUDENT ID NO.

COURSE#	SECT#	COURSE TITLE	HOURS	PROFESSOR

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Total Hours: _____

Graded Hours: _____

*Approved By: _____

* Any student on academic probation must obtain approval from the Associate Dean for Student Affairs.

PROGRAM (Check One)	CLASS (Check One)	THIS REGISTRATION IS FOR:
<input type="checkbox"/> Full time Program	<input type="checkbox"/> Law1	Fall 20 _____
<input type="checkbox"/> Part time Program	<input type="checkbox"/> Law2	Spring 20 _____
<input type="checkbox"/> Joint Degree: JD/BA	<input type="checkbox"/> Law3	Summer 20 _____
<input type="checkbox"/> Joint Degree: JD/MBA	<input type="checkbox"/> LLM	Winter 20 _____
<input type="checkbox"/> Non degree seeking	<input type="checkbox"/> MLS	_____
	<input type="checkbox"/> Visitor	_____