

## REGISTRATION FORM Alumni Visitors

The following course(s) will be entered on your existing Southwestern Law School official record and constitutes your enrollment. Any changes must be made by submitting a Student Action Report (SAR) to the Registration Office (W102).

Name:	Southwestern ID:		
Address:	Phone Numbers (Home):		
Date J.D. Degree Conferred:	(Work):		
Email Address (for use pending Southwestern email account reactivation)::			
	SEMESTER: / YEAR:	-	
CAT # SEC	COURSE	UNITS**	CLE***
	TOTAL UNITS		
** UNITS: Alumni who return to take courses as Visiting Alumni (i.e. non degree seeking) must audit their courses.			
*** CLE: Please check this column if you are seeking to obtain credit for Continuing Legal Education requirements.			
You will be contacted by Southwestern's Institutional Advancement Office with details and procedures.  Please note: Checking this column does not guarantee CLE credit.			
FINANCIAL ACKNOWLEDGEMENT STATEMENT: I understand and agree that upon my registration, I have a financial obligation to pay for all tuition and fees associated with any courses for which I register. I also understand that Federal Aid is not available for these courses. I understand and agree that in the event of default I will be			
responsible for reasonable court costs, attorned	ey fees and costs of collection.		
SIGNATURE_	DA	TE	
Office use only:			
Received by: Date:		ate:/	<i></i>
Total Payment: Che-	ck # Issued by:		

Please return to the Registration Office and retain one copy for your records.