

APPLICATION FORM Auditing Attorneys

Prior to completing form, read "Policy on Attorneys and Employees Auditing Courses" at https://www.swlaw.edu/SWPolicies

Personal Information		
Name:	Email Address	
Address:	Phone Numbers (Work):	
	(Cell):	
Education and Legal Acknowle	gement	
I have graduated from an ABA-accredited I	w school. I have not been expelled, suspended or had my admission revoked from any law s ed) or disciplined. I understand that a criminal record may also bar eligibility to audit course	
Law School Attended:		
Date J.D. Degree Conferred:		
Have you had your admission revoke	or been expelled or suspended? Please explain:	
	CA State Bar ID# Have you been disbarred or had your licer	
	another state? If yes, what state? St	
•	ny convictions or a pending criminal or law enforcement-related matter (other t	than traffic)?
offer one or two units of credit. Below, p	s per term and four courses per academic year. In addition, auditors typically will be limited ase list the course(s) that you wish to audit. Email this form to the Registrar's Office at REG nges must be made by submitting a Student Action Report (SAR) form to the Registrar's Offi	GISTRAR@SWLAW.EDU. Once
your course list has been approved, any ch	iges must be made by submitting a student Action Report (SAR) form to the Registrar's Om ————————————————————————————————————	.ce.
	SEMESTER: / YEAR:	
CAT #SEC	COURSE UNITS**	MCLE***
	TOTAL UNITS	
** UNITS: Auditors will not rece	ve academic credit for audited courses, but can receive a Southwestern transcript notating t	the
grade 'AU" for audit		
*** MCLE: Please check this col	mn if you are seeking to obtain credit for Minimum Continuing Legal Education requirement	ts.
You will be contacted	by Southwestern's Institutional Advancement Office with details and procedures.	
Please note: Checkii	g this column does not guarantee MCLE credit.	
FINANCIAL ACKNOWLEDGEMENT STATEN	NT	
I understand and agree that upon my reg	tration, I have a financial obligation to pay for all tuition and fees associated with any cou e for these courses. I understand and agree that in the event of default I will be responsil	=
SIGNATURE	DATE	
Office use only:		
-	/ Entered by:	Date://
Received by: Date:/ Total Payment: Check	Issued by:	