

APPLICATION TO AUDIT A LAW SCHOOL COURSE FOR NON-STUDENTS

Term: _____

Year: _____

Please Print

Name: _____ Social Security# or T-Number: _____

Citizenship: _____ Date of Birth: ____/____/19____ Gender: _____

Address: _____ County: _____

City: _____ State: _____ ZIP: _____

Email: _____

Home Phone: _____

Office phone: _____

Race: (check appropriate choice)

- | | |
|--|---|
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/AK Native | <input type="checkbox"/> Mexican-American |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> White/Non-Hispanic | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> International student under student or temporary visa | |
| <input type="checkbox"/> International student NOT under student or temporary visa | |

COURSE NAME	CRN	SEC	HR	PROFESSOR	M	T	W	R	F	S	TIME	RM

PLEASE FILL OUT THE SECTION WHICH APPLIES TO YOU:

- I am currently licensed to practice law in Arkansas
- I am a graduate of or currently enrolled in an ABA approved law school

Name of Law School _____

Date of Degree _____

- I am an undergraduate or graduate student (not law student) in the University of Arkansas System

Name of University _____

Major _____

Expected Degree Date _____

How will this course benefit you in your current field of study? (Use additional sheets if necessary)

I am not covered by any of the above.

Name of Undergraduate Institution _____

Degree and Date _____

How will this course benefit you in your work? (Use additional sheets if necessary)

I certify that all of the above information is true and accurate. I also understand that if I decide to withdraw from the course, I must contact the Registrar's Office (law-records@ualr.edu) before the end of the fifth class day. Otherwise, I will be charged applicable tuition and fees for this course.

Signature _____

Date _____

Professor's Approval

Approved Reason for Denial: _____

Denied _____

Professor's Signature

Date

Associate Dean's Approval

Approved Reason for Denial: _____

Denied _____

Associate Dean's Signature

Date

(Please see the following page for instructions for completing this form)

Instructions for Completing this Form

1. Complete all information as requested above.

2. Submit the completed and signed form via:

Hand Delivery

To the Associate Dean's Office, Second Floor, Room 206

Mail

UALR Bowen School of Law
Attention: Associate Dean for Academic Affairs
1201 McMath Ave.
Little Rock, AR 72202

Fax

(501) 324-9433

Email

Note: You must submit a scan with your signature. Email to vxfrancis@ualr.edu.