

NON-MATRICULATED STUDENT REGISTRATION FORM

Please print clearly

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____

E-mail _____

SS# _____ - _____ - _____ Date of Birth _____

Application is being made for the following semester:

Year _____ Fall _____ Spring _____ Summer _____

Please register me for the following course(s):

Course Number	Title	Professor
_____	_____	_____
_____	_____	_____

Total Credits: _____

Enclosed is a check made payable to Touro Law Center for the following:

\$ _____ Tuition (number of credits x cost per credit)
 \$ 100.00 Registration Fee (non-refundable)
 \$ _____ Late Registration Fee (if applicable)
 \$ _____ Total due

Signature of Applicant **Date**

Entered by Admissions _____ *Date*

Immunization Clearance _____ *Date*

Approved By:

Bursar _____ *No. of Credits* _____ *Date*

Assoc. Dean for Student Affairs _____ *Date*