

COUNTER REGISTRATION

TERM: _____ DEGREE PROGRAM: JD/JDMBA/LLMK/LLM/SJD

LAST NAME _____ FIRST NAME _____ BOX # _____ ID NUMBER _____ DATE _____

EMAIL: _____, Class Year _____

Please register me for the following classes:

<u>COURSE NAME and COURSE NUMBER, SECTION</u>	<u>PROFESSOR</u>	<u>DAY</u>	<u>TIME</u>	<u>For office use only</u>
				<input type="checkbox"/> Registered <input type="checkbox"/> Not registered
				<input type="checkbox"/> Registered <input type="checkbox"/> Not registered
				<input type="checkbox"/> Registered <input type="checkbox"/> Not registered
				<input type="checkbox"/> Registered <input type="checkbox"/> Not registered
				<input type="checkbox"/> Registered <input type="checkbox"/> Not registered
				<input type="checkbox"/> Registered <input type="checkbox"/> Not registered
				<input type="checkbox"/> Registered <input type="checkbox"/> Not registered

Total number of courses desired: _____

Student Signature

Date

FOR OFFICE USE ONLY

PROCESSED BY:	
DATE:	

Notes:

Email confirmation sent: /Y/ _____ /N/ _____ DATE: _____ INIT: _____