

COUNTER REGISTRATION

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

LAST NAME _____ FIRST NAME _____ STUDENT ID NUMBER _____ DATE _____

EMAIL: _____ CLASS YEAR _____

Please register me for the following classes:

COURSE NAME and <u>COURSE NUMBER, SECTION</u>	PROFESSOR	DAY	TIME	For office use only
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Total number of courses desired: _____

_____ Student Signature _____ Date

FOR OFFICE USE ONLY

PROCESSED BY:	
DATE:	

Notes:

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