

Registration Form

Term: Fall Winter Intensive Spring Summer

Year: 20_____

Name:

Last

First

MI

CWID Number: _____ Phone: _____ Email Address: _____

Mailing Address (for non-degree-seeking students only):

Non-Degree-Seeking Student JD JD/MBA JD/MDR JD/MPP LLM MDR CERT

Requested Courses

Course Number	Course Title	Professor	Units

Total Number of Units: _____

 Signature

 Date

This registration form officially enrolls and commits you to attend the classes for which you have registered. By submitting this registration form, you agree to enroll in the academic term indicated above. Your signature indicates that you have read and agree to the financial policies, which are stated in the School of Law catalog. If you withdraw from all of your courses prior to the end of the add/drop period, you will owe a \$150 withdrawal fee. All payments are due on or before the first day of class or you will incur a late charge of \$25.

Please complete this form and fax to: (310) 506-7668, Attn: Records Office