

APPLICATION FORM TO STUDY LAW AT ANOTHER INSTITUTION

Please fill out entirely, and return this form to Jodie Needham, Assistant Dean for Academic Services. Students will receive a letter of approval or denial in the mail to confirm the status of their request. The charge for processing this application is \$50.00.

Print or type: TERM APPLYING FOR: _____
NAME: _____ ID #: _____

ADDRESS: _____ PHONE #: _____
_____ CLASS DESIGNATION: _____

HOURS COMPLETED _____ HOURS CURRENTLY ENROLLED _____ Cumulative GPA _____

****Have you ever received credit from an institution other than The John Marshall Law School?**

____ Yes ____ No If yes, # if hours already taken elsewhere _____

SCHOOL THAT IS SPONSORING STUDY PROGRAM: _____

ATTN: _____

ADDRESS: _____

CITY, ST, ZIP _____

IF THIS IS A STUDY ABROAD PROGRAM WHICH COUNTRY AND CITY WILL YOU BE STUDYING IN:

If approved, a letter of good standing and permission to enroll in their program will be sent to the school listed above. **Do you also need a transcript?** ____ Yes ____ No **With Rank** ____ Yes ____ No

Please be advised that you may register for a maximum of 6 semester hours. The courses must be elective courses only; students are not allowed to enroll in required core courses at any other law school. Please check John Marshall's course description list for the names of the core courses.

PLEASE INCLUDE A COPY OF THE COURSE DESCRIPTION FOR EACH COURSE YOU WISH TO TAKE AT THE OTHER LAW SCHOOL.

COURSES YOU WISH TO TAKE:

TITLE	SEMESTER HOUR VALUE
_____	_____
_____	_____
_____	_____

STUDENT AGREEMENT (PLEASE READ AND SIGN BELOW)

I understand that in order to receive credit for the above listed courses, I must earn a grade of "C" or better. Upon completion of the program, I will request to have an official copy of my transcript sent to Anna McWillie, Assistant Registrar. I understand that the elective courses I successfully complete will count toward my graduation hour requirement; however, the hours and grades will not be reflected in my John Marshall grade point average. I understand that approval of my participation in the above program is conditional upon my remaining in good standing after the current semester.

STUDENT SIGNATURE DATE

Transfer Credit Fee: \$50.00 Date Paid: _____ (Controller's initials) _____
Authorized Signature: _____ Date: _____ Approved: ____ Denied: ____