



SCHOOL of LAW

Office of the Law Registrar
25 East Pearson Street
Room 1203
Chicago, IL 60611
Phone: (312) 915-7167

LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW APPLICATION FOR VISITING STUDENTS OR ATTORNEYS TO REGISTER FOR A LIMITED CURRICULUM

APPLICATION FEE: \$50.00

***Summer Term Applications are due March 1st.**

Name _____
(Last) (First) (Middle)

Social Security Number _____ - _____ - _____ Date of Birth ____ / ____ / ____

Visiting Term _____
(Select term: Fall, Spring, Summer) (Year)

Present Address

Street _____

City _____ State _____ Zip Code _____

Phone (_____) _____ (_____) _____
(Home) (Work)

Permanent Address

Street _____

City _____ State _____ Zip Code _____

Phone (_____) _____ (_____) _____
(Home) (Work)

E-Mail Address _____

Sex ____ Male ____ Female

Name of Law School you are presently attending: _____

Number of Hours Completed _____

Have you previously taken law courses at Loyola? _____

