

**UNIVERSITY OF CINCINNATI COLLEGE OF LAW
Registration Form**

Fall/Spring Semester, 20__
(Please circle and fill in)

<p>Check One: <input type="checkbox"/> Full-time <input type="checkbox"/> Flex-time <input type="checkbox"/> Visiting <input type="checkbox"/> Special <input type="checkbox"/> 2L <input type="checkbox"/> 3L <input type="checkbox"/> 4Flex <input type="checkbox"/> JD/MBA <input type="checkbox"/> JD/MA Women's Studies <input type="checkbox"/> JD/MCP <input type="checkbox"/> JD/____ <input type="checkbox"/> JD/MSW <input type="checkbox"/> JD/MA or PhD Pol.Sci.</p> <p>Name: _____ Student ID#: _____</p> <p>Local Address: <i>(Please complete a "change of address form" if different from what Charlene has on file for you)</i></p> <p>Street: _____</p> <p>City: _____ Zip Code _____</p> <p>Phone Number: _____</p> <p>Cell Phone Number: _____</p> <p><i>Do you want this information to be included in the College of Law student directory?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>EMERGENCY INFORMATION</p> <p>Contact Person (name): _____</p> <p>Relationship: _____</p> <p>Phone Number: (____) _____</p>
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Course Requests: Do NOT include Limited Enrollment/Lottery Classes			
Course Name	Professor Name	Hrs.	Audit

To complete your registration you must provide the information requested below and sign and date this form. Incomplete forms will be returned to you for completion.

<p>Employer Information Update: ABA Standard 304(f) provides that a student may not work in excess of 20 hours per week in any semester in which the student is enrolled in more than 12 class hours. Please provide the information below.</p> <p>Not Employed at this time: <input type="checkbox"/></p> <p>Employer Name: _____</p> <p>Employer Phone: _____</p> <p>Number of Hours Employed Per Week: _____</p>	<p>Personal Information Update: Since you last provided this information to the law school:</p> <p>1) have you been convicted of or plead guilty or nolo contendere to, a violation of law? If the answer is "yes," explain the circumstances fully on a supplemental page. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2) have you been subject to academic or non-academic disciplinary action? If the answer is "yes," explain the circumstances fully on a supplemental page. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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I certify that the information I have provided on this form is complete and accurate.

SIGNATURE: _____ DATE: _____