

TEMPLE UNIVERSITY JAMES E. BEASLEY SCHOOL OF LAW
PHILADELPHIA SUMMER 2019 REGISTRATION REQUEST

PLEASE PRINT:

NAME _____ TUid _____
Last First M.I.

SUMMER ADDRESS: _____

PERMANENT ADDRESS: _____

EMAIL ADDRESS (that you check daily): _____ PHONE #: _____

WHAT LAW SCHOOL YEAR HAVE YOU JUST COMPLETED? ____ 1ST ____ 2ND ____ 3RD

IF A TEMPLE LAW STUDENT, ARE YOU? ____ FULL-TIME DAY ____ PART-TIME DAY ____ PART-TIME EVENING

IF YOU ARE NOT A TEMPLE LAW STUDENT, PLEASE PROVIDE:

DATE OF BIRTH: _____ CURRENT LAW SCHOOL: _____

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COURSE SELECTION

IF ONLY TAKING 1 COURSE, LIST
UP TO 3 COURSES IN ORDER OF
YOUR PREFERENCE:

Course & Section #	Course Title	Credits
1. _____		
2. _____		
3. _____		

IF TAKING 2 COURSES, LIST THE
2 COURSES YOU WANT, THEN 3
SUBSTITUTES IN ORDER OF
YOUR PREFERENCE:

Course & Section #	Course Title	Credits
Course 1. _____		
Course 2. _____		
Substitute 1. _____		
Substitute 2. _____		
Substitute 3. _____		

You will be registered
in one (or two) substi-
tutes if either Course
1 or 2 (or both) are
unavailable.

IF YOU HAVE SPECIFIC OBJECTIVES THAT YOU ARE TRYING TO MEET THIS SUMMER, PLEASE STATE THEM (for example, you are graduating next May and are trying to fulfill a graduation requirement):

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REGISTRATION DEADLINE IS MAY 8, 2019 AT 3 PM. SUBMIT REQUESTS BY HAND, FAX, OR PDF ATTACHED TO AN EMAIL TO:

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