



UNIVERSITY OF MASSACHUSETTS
SCHOOL OF LAW • DARTMOUTH

Visiting Student Registration Request

First Name: _____ Middle Initial: _____ Last Name: _____

Registration for Fall Spring Summer

Course Listings: Please indicate the course(s) for which you wish to register:

	Catalog #	Course Title
Law	_____	_____
Law	_____	_____
Law	_____	_____
Law	_____	_____
Law	_____	_____

[Law Curriculum & Courses](#) provides detailed course information

Admission as a visiting student entitles one to enroll in courses on a space available basis. Courses without sufficient registration are subject to cancellation. Registrants will be notified if any changes are made to the course offerings.

Please complete this form and return it with your payment to:

UMass School of Law -Dartmouth
Law Enrollment Center
333 Faunce Corner Rd.
North Dartmouth, MA 02747

Payment:

Check/ Money Order (payable to UMD- Law School) attached

Contact Us:

LEC@umassd.edu
508-985-1110 Phone
508-985-1104 Fax

For official use only

Total Amount paid

Entered by _____ date _____