



The University of Akron School of Law

Application for Audit Enrollment

Section 1: Applicant Information

I plan to audit law courses during the Fall Spring Summer term of the year _____.

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

Previous Name(s): _____

Social Security Number: _____ Date of Birth: _____

Gender: Female Male

Section 2: Contact Information

Email Address: _____ Alternate E-mail Address: _____

Mobile Phone: _____ Current Phone: _____

Current Address: _____ City: _____

State: _____ ZIP/Postal Code: _____ County (Ohio Residents only) _____ Country: _____

Emergency Contact Person (**Last Name, First Name**) _____ Relationship: _____

Emergency Contact Address: _____

City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

Emergency Contact Mobile Phone: _____ Emergency Contact Home Phone: _____

Section 3: Residency and Citizenship Information

City of Birth: _____ State of Birth: _____ Country of Birth: _____

Ohio Residency Status: Ohio Resident Nonresident Date Ohio Residency Established: _____

Ohio County of Residency: _____ Country of Citizenship: _____

Section 4: Colleges and Universities Attended

1. School Name: _____ City: _____ State: _____

Major/Program: _____ Degree Received: _____

Attended From: _____ To: _____ Graduation Date: _____

2. School Name: _____ City: _____ State: _____

Major/Program: _____ Degree Received: _____

Attended From: _____ To: _____ Graduation Date: _____

Section 5: Employment and Professional Information

Employer Name: _____

Job Title: _____ Employment time: Full-Time Part-Time

Employer Address: _____

City: _____ State: _____ ZIP/Postal Code: _____ Country: _____

Are you licensed to practice law? Yes No

If so, where are you licensed (state/province, country)? _____

Section 6: Additional Required Information

Cover Letter

Your cover letter should explain in detail your reasons for seeking audit status at The University of Akron School of Law and **list the exact classes that you would like to audit**. Your cover letter should not exceed two pages in length (typed and double-spaced). See www.uakron.edu/law/curriculum/registration.dot for the current schedule of classes.

Section 7: Certification

I certify that to the best of my knowledge the information herein is true. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission, or suspension or dismissal from the University if discovered subsequently. I acknowledge that I have a continuing duty to inform the School of Law as to any relevant information or change in circumstances that relates to any of these questions of which I became aware after the date of my signature below. In accordance with 20 U.S.C. Section 1232 (g), et. seq., of the Family Educational Rights and Privacy Act of 1973, I hereby authorize each school or college that I have attended, and the officers and faculty thereof, to make available all my educational records and personally identifiable information contained herein concerning me to the officers and faculty of The University of Akron School of Law.

Date

Signature

Please print and mail your completed application form and any accompanying documents to the following address:

Law Admissions
The University of Akron School of Law
Akron, OH 44325-2901

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.