

# Post Graduate Course Registration Form



For the term  Fall  Spring  Summer of 20\_\_\_\_.

## Student Information:

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last	First	Middle
<input type="text"/>	<input type="text"/>	
Email	Phone	
<input type="text"/>	<input type="text"/>	
Law School Attended	Date of Degree	

## Registration Information:

<input type="text"/>	<input type="text"/>	
Course Title	Course Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Instructor	Day and Time	Credits
<input type="checkbox"/> I wish to audit the course		
<input type="checkbox"/> I wish to receive academic credit		

## Payment:

The cost of tuition is \$1991. per credit hour.

Total number of credit hours for which you are enrolling:   
x \$1991.

Total Tuition:

Enclosed, please find my check in the amount of \$

Signature

Date

Please submit your registration form with remittance to:

Suffolk University Law School  
Office of Academic Services  
Sargent Hall – 120 Tremont Street  
Boston, MA 02108-4977

Please contact the Law School's Office of Academic Services if you have any questions at 617.573.8160 or [lcove@suffolk.edu](mailto:lcove@suffolk.edu).

*We look forward to your enrollment at Suffolk University Law School.*