



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 \$1,603 per credit hour.

Total number of credit hours for which you are enrolling:

x \$1,603

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.

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