

SUFFOLK UNIVERSITY LAW SCHOOL

POST GRADUATE COURSE

REGISTRATION FORM

2009-2010

(Please check one): _____ Fall _____ Spring _____ Summer

Name: _____

Mailing Address: _____

Email Address: _____

(Day) Phone No: _____ (Eve) Phone: _____

Law School Attended: _____ Degree Date: _____

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Registration Information

Course Title: _____ Course Number: _____

Professor: _____ Day & Time: _____

Credits: _____ I wish to audit the course: _____

I wish to receive academic credit: _____

Payment Form

The cost of tuition is \$1325.00 per credit hour.

Total number of credit hours for which you are enrolling: _____

Total Tuition: _____

A minimum of 25% of tuition must be submitted with your registration for the Summer semester.

A minimum of 50% of tuition must be submitted with your registration form for the Fall/Spring semester.

The Student Accounts office will bill you for the balance.

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 the Law Registrar
Sargent Hall – 120 Tremont Street
Boston, MA 02108-4977**

Please contact the Law Registrar's office if you have any questions at (617) 573-8160 or lcove@suffolk.edu.

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