CHARLESTON

SCHOOL OF LAW

OFFICE OF THE REGISTRAR

ALUMNI REGISTRATION REQUEST FORM

(PLEASE PRINT)

Name (Last): _____ (First): _____ (Former): _____

Email Address: _____ Phone: _____

Mailing Address: _____ State: _____ Zip: _____

Alumni of the Charleston School of Law may register for courses either as Continuing Education or as an Auditor. Please see information below regarding requirements for auditing courses.

REQUIRED COURSE ATTENDANCE FOR AUDITING STUDENTS

Regular and punctual class attendance is required. Attendance sign-in sheets shall be used, and students have the responsibility for ensuring that they sign the attendance sheet. Should you exceed the maximum absences allowed for audited courses, you will be dropped from the course. *Please refer to the Academic Catalog for the relevant attendance policy for the term in which you are enrolling.*

FINAL EXAMS AND GRADES

Upon successful completion of an audited course, a grade of "AU" will be reflected on the official transcript; however, no additional credit hours will be awarded for audited coursework. Please check with the instructor(s) to determine expectations with regards to final exams, class participation, tests, quizzes, etc. *As needed, the final exam schedule will be posted to the law school website prior to the end of the semester.*

ENROLLMENT CONSENT

By signature I consent to enrollment in the course(s) below. If I register as an auditor, I acknowledge I have read the policies regarding course attendance, final exams and grades, and that upon successful completion the course will be reflected on my official transcript, though no additional credit hours will be awarded or noted on my official transcript.

Signature: _____ **Date: _____**

Complete items below except for the shaded areas.

Semester: FALL ☐ SPRING ☐ MAYMESTER ☐ SUMMER ☐ YEAR_____

DESIRED COURSE(S): Enrollment is on a space available basis.

Course #	Section	Credit Hours	Course Title	Check Appropriate Box
				☐ Cont. Ed. ☐ Audit
				☐ Cont. Ed. ☐ Audit
				☐ Cont. Ed. ☐ Audit

FOR OFFICE USE ONLY

APPROVED ☐ DENIED ☐ DATE RECEIVED: _____ PROCESSED BY: _____ DATE: _____