

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: _____

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Section 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 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