SANTA CLARA UNIVERSITY SCHOOL OF LAW
LAW SCHOOL CONSORTIUM PROGRAM
Student Services Office
Email: LawStudentServices@scu.edu

Student's Name:	SCU ID:

Current Address	City	State	Zip

Birth date	Expected Graduation date

Cross registration for? Please indicate year, and indicate whether it is a quarter or semester.

Year:　　　　　☐ Fall　　　　　　☐ Spring　　　*(Not applicable in summer)*

Course Number	Course Title	Units

At which law school do you intend to take this course?	☐ Golden Gate University ☐ University of California, Berkeley ☐ University of California, Davis ☐ University of San Francisco

In consideration of the acceptance of this request, I acknowledge that I am not cross-registered in any other course this semester through the Consortium Program, except where special arrangements are made between participating institutions and that I have read the statement of Cross Registration Policy, conditions and Procedures and agree to the above, subject to the conditions of my home institution. I understand that all classes must be taken for a letter grade. I have read the entire policy regarding the Bay Area Consortium in the law school bulletin (https://law.scu.edu/bulletin/academic-policies/#Altering) and will comply.

_____　_____
Signature of Student　　　　　　　　　　　　　　　　　　　　　Date

1. The above mentioned student is a degree seeking student at Santa Clara University School of Law and is in good standing.
2. Santa Clara University School of Law agrees to accept as transfer units those units which are approved by the Assistant Dean for Student Services and in which the student earns a grade of "C" or better.

Approval of SCU School of Law: _____　_____
　　　　　　　　　　　　　　　　　　Senior Assistant Dean, Student Services　　　　　　　Date

The Host School is accredited by the ABA.

Approval of Host School: _____　_____
　　　　　　　　　　　　　　　　Registrar　　　　　　　　　　　　　　　　　Date

Distribution: Original – SCU Home Institution, Copy - Host Institution, SCU Law Financial Aid

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