

PLEASE READ CAREFULLY:

- A. A student in good standing at an accredited law school who wishes to enroll only in the summer abroad program at Southern University Law Center and who plans to return to his former university for the fall semester is admitted as a non-matriculated student. This admission terminates at the end of the summer abroad term.
- B. This application must be submitted to the Southern University Law Center Admissions Office, Baton Rouge, Louisiana 70813-9294. The deadline for receiving summer abroad applications is April 21. Spaces are limited and will generally be filled on a first-come, first-served basis. Those who wait until near the deadline may find all available spaces filled.
- C. The applicant, if not a student at Southern University Law Center, must furnish a letter of good standing from the dean or registrar of his or her law school. That letter (or a transcript accompanying the letter) must also show completion of one year of study.

APPLICATION FOR ADMISSION FOR SUMMER ABROAD

Send to: Associate Vice Chancellor Elaine Simmons
Southern University Law Center
Southern University Box 9294
Baton Rouge, Louisiana 70813-9294

Classification: Resident _____
Non-resident _____

(PLEASE PRINT OR TYPE)

1. Full Name:

Last/First/Middle

2. Social Security Number:

3. Current mailing address:

No. & Street/City/State/ZIP

ALL CORRESPONDENCE WILL BE SENT TO THE ABOVE MAILING ADDRESS UNLESS SPECIFICALLY NOTED.

4. Permanent home address:

No. & Street/City/State/ZIP

5. Telephone numbers:

Home

Current

Cell phone

6. Citizen of:

Date of birth:

Place of birth:

7. If you are a citizen of other than the United States, state type of visa, date issued, and number:

IF YOU ARE A RESIDENT ALIEN, PLEASE SUBMIT FRONT AND BACK OF RESIDENT ALIEN CARD. NOTE THAT PERSONS OTHER THAN UNITED STATES CITIZENS MAY REQUIRE A VISA FROM THE UNITED KINGDOM TO PARTICIPATE IN THIS PROGRAM, AND A VISA FROM FRANCE OR ANY OTHER COUNTRY THEY PLAN TO VISIT. RESPONSIBILITY FOR OBTAINING ALL VISAS RESTS WITH THE STUDENT.

8. Race (please check one):

Black–Non Hispanic American Indian or Alaskan Native Asian or Pacific Islander Hispanic White–Non Hispanic

TITLE VI OF THE CIVIL RIGHTS ACT OF 1964 AND THE U.S. DEPARTMENT OF EDUCATION REQUIRE THAT INSTITUTIONS OF HIGHER EDUCATION PROVIDE ENROLLMENT DATA REGARDING PREDOMINANT ETHNIC BACKGROUND.

9. List all colleges attended (including Southern, indicating campus attended):

Name of College:	City & State:	From (date):	To (date):	Degree awarded or date expected
_____	_____	_____	_____	_____
Law school				
_____	_____	_____	_____	_____
Other				
_____	_____	_____	_____	_____
Other				
_____	_____	_____	_____	_____
Other				

10. Name of High School: _____ City & State: _____ From (date): _____ To (date): _____ Date of graduation _____

11. Health Insurance or Travel Health Insurance:

Name of Health Insurer	Policy or group number	Member number
HEALTH INSURANCE IS NOT REQUIRED. BASIC MEDICAL SERVICES ARE READILY AND ECONOMICALLY AVAILABLE IN THE UNITED KINGDOM. A DOCTOR THERE WILL ASK FOR PAYMENT, AND IT IS THE AMERICAN PATIENT'S RESPONSIBILITY TO PAY THE DOCTOR AND THEN PROCESS A CLAIM WITH HIS OR HER INSURANCE CARRIER. EMERGENCY SERVICES ARE AVAILABLE AT HOSPITALS.		

12. Known medical conditions (for use in event of a medical emergency—furnishing this information is optional):

13. Your web-accessible email address for all communications (please print carefully):

14. Nearest relative or next of kin:

Name	Address	City, State, ZIP	Telephone numbers
_____	_____	_____	_____

15. Approximate date letter of good standing has been or will be sent:

CERTIFICATION

I certify that I have read this application and instructions, and that I have carefully read all program brochures and disclosures. I agree to all terms and conditions of the summer abroad program. I further certify that all information given in this application is true, correct and complete to the best of my knowledge. I understand that if it is later found to be otherwise, my application will be rejected, or in the event I am enrolled I will be dismissed. I hereby authorize the appropriate official of any college or school attended to furnish any information contained in my records. I understand the information in this application will also be shared with the director of the summer abroad program.

Date: _____ Signature: _____