



MASTER OF LAWS IN U.S. LEGAL STUDIES FOR FOREIGN LAW GRADUATES APPLICATION FOR ADMISSION

Fall 20__ Day Evening

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PERSONAL INFORMATION

Name: _____
Mr./Ms./Dr. Last Name First Name Middle Initial

Date of Birth: //
Month / Day / Year

Social Security #: --
If available

Place of Birth: _____

Citizenship: U.S. Other _____

Visa Status (Non-U.S. Citizens): _____

Do you need an I-20 (for F1 Visa)? Yes No

Permanent Address:

Current Address: Good Until ____/____/____
If different from permanent

Street

Street

City

City

State / Province Zip/Postal Code Country

State / Province Zip/Postal Code Country

E-mail Address: _____

Current Telephone: _____

Current Occupation: _____
If applicable

Employer: _____
If applicable

Business Telephone: _____
If available

Business E-mail Address: _____
If available

How did you learn about Touro? _____

Law Degree: _____ Dates of Study: _____ to _____

Law Degree Granting College/University: _____

Undergraduate Degree (if applicable): _____ Dates of Study: _____ to _____

Undergraduate Degree Granting College/University: _____

LSAC Account Number (if any): **L**_____

STATISTICAL INFORMATION

Gender: M F Marital Status: Single Married Divorced Widowed Other _____

Ethnic Description: Please indicate the box which best describes your ethnicity.

- | | | |
|---|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Canadian Aboriginal | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Caucasian / White | <input type="checkbox"/> Other Hispanic |
| <input type="checkbox"/> Black / African-American | <input type="checkbox"/> Chicano / Mexican-American | <input type="checkbox"/> Other _____ |

The information on gender, marital status, and on ethnicity is not required and need not be provided; it is used primarily for statistical purposes. Please refer to the Law Center's Non-Discrimination Policy.



APPLICATION FEE PAYMENT VOUCHER

Your application will not be processed until the Admissions Office receives the \$60.00 application fee. Please return this form with payment to the address below or fax (*credit card only*) to the number below.

Applicant's Name _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

I wish to pay Touro Law Center's \$60.00 application fee via (check one):

Personal check / Money Order payable to "Touro Law Center"

Credit Card (*VISA or MasterCard only*). Please complete payment section below.

Card Type (check one): VISA MasterCard

Credit Card Number (16 digits): ---

3-Digit Verification Code (found on the back of card):

Expiration Date (month/day/year): //

Name exactly as it appears on the card _____

Credit Card Holder's Name and Address (if different from Applicant):

Name _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

I authorize Touro Law Center to charge my \$60.00 application fee to the above credit card.

Signature of Cardholder: _____

PLEASE MAIL THE COMPLETED FORM AND CHECK TO:

**Touro Law Center
Office of Admissions
225 Eastview Drive
Central Islip, NY 11722**

OR FAX (*credit card payments only*) THE COMPLETED FORM TO: FAX #: (631) 761-7019

QUESTIONS: Please call (631) 761-7010

Thank you for applying to Touro Law Center!