



VISITING STUDENT APPLICATION FOR ADMISSION

Fall 20__ Spring 20__ Summer 20__ Full-Time Day Part-Time Day Part-Time 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 #: --

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

Street _____
Street

City _____
City

State _____
Zip _____
State _____
Zip

E-mail Address: _____ Current Telephone: _____

Current Law School: _____

Undergraduate Degree: _____ Dates of Study: _____ to _____

Undergraduate Degree Granting College/University: _____

STATISTICAL INFORMATION

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

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

- American Indian / Alaskan Native Canadian Aboriginal Puerto Rican
- Asian / Pacific Islander Caucasian / White Other Hispanic
- Black / African-American Chicano / Mexican-American Other _____

The information on 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.

On a separate sheet, please submit a **personal statement** explaining the reason(s) for the request to visit at Touro Law Center.

I certify that the statements made in this Application for Admission to Touro College Jacob D. Fuchsberg Law Center are complete and accurate and that I shall inform the Office of Admissions promptly if there is any change in the information provided.

Signature of Applicant _____ Date _____



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!