



VISITING STUDENT APPLICATION FOR ADMISSION

Fall 20__ Spring 20__ Summer 20__ [] Full-Time Day [] Part-Time Day [] Part-Time Evening

PERSONAL INFORMATION

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

Date of Birth: [][]/[][]/[][][][] Social Security #: [][][]-[][]-[][][][]
Month / Day / Year

Permanent Address: Current Address: Good Until ___/___/___
If different from permanent

Street City 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 _____