Appendix A

Comparative Law Consortium
COURSE AUTHORIZATION FORM

NAME: _____ _____
Last First Middle Student ID

ADDRESS: _____
Number Street City County State Zip

EMAIL ADDRESS:_____

BIRTHDATE: _____/_____/_____ HOME PHONE:_____ WORK PHONE_____

ACADEMIC YEAR: ____Fall ____Winter ____Spring/Summer , 20___-20___

CITIZENSHIP: _____

HOME SCHOOL: _____ HOST SCHOOL: _____

INSTRUCTIONS: Students must follow all registration procedures at both home and host institutions. To add, drop or withdraw from a course, a student must comply with the deadline of the host institution and must complete the appropriate forms at both institutions so that both registrars are notified.

I understand that I must register at both my home and host institution according to the host institution's published registration dates. I understand that if I withdraw from any course(s) I must immediately inform the Registrar of the host institution ***and*** *the appropriate person at my home institution* ***and*** *complete the necessary forms. I also understand that I may make* ***no changes on this form.***

I further understand that I am responsible for securing a valid passport or other ID that will allow me to travel across the international border in order to attend class. I understand that my eligibility to participate in the Comparative Law Consortium is limited by my ability to cross an international border.

_____ _____
(Student's Signature) (Date)

Course Number	Section/ Code #	Course Title	Time, Day, Room	Credit Hours

This is to certify that the above-named student has permission to register for the course(s) listed above.

_____ _____
(Authorized Signature of Dean) (Date)