



Valparaiso University School of Law

LL.M. REGISTRATION FORM

Student's Name _____

ID# _____

I would like to register for the following courses for the Fall semester:

<u>Course No. & Name</u>	<u>Credits</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total credits: _____

I would like to register for the following courses for the Spring semester:

<u>Course No. & Name</u>	<u>Credits</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total credits: _____

Student's Signature _____ Date _____

Signature _____ Date _____
Director of International Studies Program