

# Capital University Law School

## Visiting Student Application

Date of Application: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

SEMESTER: Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

PROGRAM: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_ Part-time Evening \_\_\_\_\_

### PERSONAL INFORMATION

1. NAME \_\_\_\_\_  
Last First Middle

2. ADDRESS \_\_\_\_\_  
Street

City State Zip

3. TELEPHONE HOME: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ MOBILE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. E-MAIL: \_\_\_\_\_

5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. BIRTHDATE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month Day Year

### EDUCATIONAL INFORMATION

7. NAME OF HOME LAW SCHOOL: \_\_\_\_\_

*I certify that all of the information I have supplied in this application process is complete, accurate, and given for the purpose of having Capital University Law School take action in reliance on it.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date