



CHAPMAN  
UNIVERSITY

FOWLER SCHOOL OF LAW

## VISITING STUDENT APPLICATION

Office of the Law Registrar  
One University Drive  
Orange, CA 92866  
Phone: (714) 628-2522  
Fax: (714) 628-3411

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Dear Prospective Participant,

Thank you for your interest in enrolling as a Visiting Student at the Dale E. Fowler School of Law at Chapman University. To enroll in a course at Fowler Law, you must be a currently-enrolled law student at an ABA approved law school and in Good Academic Standing or a practicing attorney and current member of a State Bar. Please send the following application materials to the Office of the Law Registrar:

### Students currently enrolled at an ABA Law School

- Visiting Student Application (enclosed)
- Deposit of \$1,665.00 payable to Chapman University. This fee is non-refundable but will be credited toward your semester tuition should you decide to enroll.
- A Letter of Good Standing from the Dean or Registrar of your home institution indicating that you are in Good Academic Standing.

### Members of a State Bar

- Visiting Student Application (enclosed)
- Deposit of \$1,665.00 payable to Chapman University. This fee is non-refundable but will be credited toward your semester tuition should you decide to enroll.
- Proof of Bar membership

We look forward to having you join us. If you have any questions about course offerings or scheduling, please contact our office at 714-628-2522 or email [lawregistrar@chapman.edu](mailto:lawregistrar@chapman.edu).



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## APPLICATION FOR VISITING STUDENTS

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ BIRTHPLACE \_\_\_\_\_

COUNTRY OF CITIZENSHIP\* \_\_\_\_\_

\*If you are a non-US citizen, please indicate the status of your visa \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

Please list all Law School(s) attended: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name of Contact \_\_\_\_\_ Relationship to You \_\_\_\_\_

Contact's Telephone Number \_\_\_\_\_

What is the maximum number of credits that you plan to take at Chapman? \_\_\_\_\_

Please indicate which courses you would like to register for:

Selection 1: LAW-

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| Course and Section # | Course Title | Professor Last Name |
|----------------------|--------------|---------------------|
|----------------------|--------------|---------------------|

Selection 2: LAW-

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| Course and Section # | Course Title | Professor Last Name |
|----------------------|--------------|---------------------|
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Selection 3: LAW-

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| Course and Section # | Course Title | Professor Last Name |
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Selection 4: LAW-

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| Course and Section # | Course Title | Professor Last Name |
|----------------------|--------------|---------------------|
|----------------------|--------------|---------------------|

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**Return this application form with your \$1,665.00 partial advance tuition payment to the address above. This fee is not refundable if you decide not to enroll.**

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(Your signature)

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(Date)