

Detroit Mercy Law
Alumni Audit Registration Form

Term I 20_____

Term II 20_____

Term III 20_____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Date of Birth: _____

Law Graduation Date: _____ E-mail: _____

Emergency Contact Name: _____ Telephone: _____

LIST YOUR COURSES IN ORDER OF DESIRED PRIORITY

<u>Course Reference #</u>	<u>Title</u>	<u>Professor</u>	<u>Credits</u>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

Do you need a parking pass? (\$200 for Term I or II, \$31 for Term III) _____

If yes, please come to the Student Service Center during the first week of the term during posted business hours with your vehicle registration.

Signature: _____

Date: _____

Office of the Registrar
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Detroit, MI 48226
Phone: 313-596-0212
Fax: 313-596-0280
E-mail: Lawregistrar@udmercy.edu
Web: www.law.udmercy.edu