

APPLICATION FOR VISITING EXCHANGE PROGRAM

STUDENT INFORMATION:

- Mr.
 Mrs.
 Ms.

First Name Middle Initial Last Name

Address City State Zip

Email address Exchange School

Phone

Date of Birth Ethnicity Gender

State of Legal Residence Country of Citizenship

Term(s) of your visit: Term: Fall Spring Summer Year: 20____ Graduating Senior: Yes____ No ____

Have you previously applied to or attended the Chicago-Kent College of Law? Yes No

If yes, what was the disposition of your application?

Course(s) you are interested in taking at Chicago-Kent College of Law:

I understand that I am applying as a **visiting exchange student** while attending Chicago-Kent College of Law.

Student's Signature Date

Chicago-Kent Assistant Dean's Signature Date

Please return this form to Asst. Dean Stephen Sowle, ssowle@kentlaw.iit.edu

FOR OFFICE USE ONLY: Banner ID: _____ Approved Denied Completed by Registrar Office