DEPAUL UNIVERSITY
College of Law

Exchange Consortium Program Enrollment Form

STUDENT INFORMATION:

_____

First Name Middle Initial Last Name

_____

Address City State Zip

_____ _____

Phone Student ID

_____ _____

Email address Consortium School

Term(s) of your visit: ☐ Fall ☐ Spring ☐ Summer Year: _____

Are you graduating at the end of the term? ☐ Yes ☐ No (check box)

Courses you are interested in taking at Loyola, Kent or John Marshall Law School:
(LAW course name and credits)

_____

_____

_____

I understand that will be attending another law school and that it is my responsibility to learn and follow that law school's policies and schedule. I further understand that the Kent/Loyola/John Marshall professor is the source for any course-specific information I may need.

_____ _____

Student Signature Date

FOR OFFICE USE ONLY: ☐Approved ☐Denied

_____ _____

(Signature) Date
Associate Dean of Academic Operations

Please email your Enrollment Form to Associate Dean Allison Ortlieb at aortlieb@depaul.edu

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