

Juris Doctor Visiting Student Application and Course Request

Persor	nal Identificati	on Informat	ion:				
Studer	nt Name (Pleas	se Print):					
Full Ac	ldress:						
E-Mail:				Phone Nun	Phone Number:		
Current Law School:				ID#: Only	ID#: Only if you have attended a Missouri System School		
Have y	ou attended l	JMKC (for ar	y degree or in any s	chool) previously?			
<u>Demo</u>	graphic Inform	nation:					
Gender: Birthday:			Race/Ethnicity:				
State of Residency:			Length of Residency Time:				
Course	e Request Info	rmation					
Fill out	all columns exc	ept Dean App	'l. Rank the priority <u>y</u>	ou place on your c	lasses (You cannot rank	all classes as 1 or 2).	
Dean App'l	Class # (5 digits)	Catalog # (4 digits)	Course Name	# of Credits	Professor	Priority Rank	
	, ,	, , ,					
Consid	er choosing al	 ternate cou	ses for any courses	that may fill.			
Dean App'l	Class # (5 digits)	Catalog # (4 digits)	Course Name	# of Credits	Professor	Priority Rank	
	nt Signature: _						
Currer	nt Dean or Rep	presentative	from your current i	nstitution Signat	ure (Dean approving v	risit):	