University of Arkansas
Out-of-Career Registration, Law
Note: This form is for Law courses or Law students only

Student Name: ________________________________________  ID Number: ___________________
Signature: _________________________________________ Email:_______________@uark.edu

Law School Courses: [Return completed form to the Law School, 131 Waterman Hall.]
1. **Undergraduate student** who wishes to enroll in a course/courses with prefix LAWW or AGLW.
   [Instructor and advisor signatures are required, below.]
2. **Graduate student** who wishes to enroll in a course/courses with the prefix LAWW or AGLW.
   [Instructor and advisor signatures are required, below.]

Undergraduate Courses: [Return completed form to the Registrar’s Office, 146 Hunt Hall.] **NOTE:** Courses in the Walton College of Business must be submitted to the Walton College Advising Center WCOB 328 (479/575-6308).
3. **Law Student/Agricultural Law Student** who wishes to enroll in an undergraduate course/courses. [Instructor’s and dean/director’s signatures are required below.]

Graduate Courses: [Return completed form to the Graduate School, 50 Stone House North.] **NOTE:** Courses in the Walton College of Business must be submitted to the Graduate School of Business, WJWH 310 (479/575-2852).
4. **Law Student/Agricultural Law Student** who wishes to enroll in a graduate course/courses. [Instructor’s and dean/director’s signatures are required, below.]

### Courses To Be Added

<table>
<thead>
<tr>
<th>Term</th>
<th>ISIS Class #</th>
<th>Subject &amp; Catalog #</th>
<th>Section</th>
<th>Hours</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: (1043)</td>
<td>(1005)</td>
<td>(Math 5001)</td>
<td>(001)</td>
<td># of variable hrs</td>
<td>(U, G, L, A)</td>
</tr>
</tbody>
</table>

Instructor’s Signature – First Class: ___________________________ Date: ________________

Instructor’s Signature – Second Class: ___________________________ Date: ________________

Instructor’s Signature – Third Class: ___________________________ Date: ________________

Advisor/Department Chair’s Signature: ___________________________ Date: ________________

School of Law: ___________________________ Date: ________________

Signature of the Associate Dean for Academic Affairs required for 3, 4 for J.D. students
Signature of the Director, Program in Agricultural Law, required for 3,4 for students in that program.