



Full Name: _____ Major: _____

Mother's Maiden Name: _____

Length of study:

Fall

Spring

Year

Please list your course choices in order of preference, and be certain that you have these courses pre-approved by your home university.

	Course Title	Course Code	Term	Credits	Department
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

I have read the enclosed information regarding studying abroad on the pre-law program at UCD and understand that I will be taking the majority of my courses in the Pre-Law subject area. I also understand that I will be contacted by that department to arrange my courses at a later date, prior to my arrival at UCD.

Signature of student: _____

***Please retain a copy of this form for your records.**