



School of Law
Office of the Registrar

UNIVERSITY OF SAN FRANCISCO SCHOOL OF LAW
USF – UC HASTINGS AGREEMENT CONSORTIUM FORM

Date: _____

SSN: _____

Legal Name: _____

DOB (Day/Mo/Yr): _____

Home School: _____

Email Address: _____

Year & Semester Attending USF:

20 _____ Fall Spring
(PLEASE CHECK APPLICABLE SEMESTER)

Please note that you will be given a USF Email address within 3-5 days of completion of registration and any official correspondence will go to your USF Email. Further instructions will be emailed to you.

PERMANENT ADDRESS

Street _____ City, State _____ Zip _____

Permanent Phone # (include area code) _____

MAILING ADDRESS

Street _____ City, State _____ Zip _____

Mailing Phone # (include area code) _____ Cell Phone # _____

Which do you wish to use as your primary contact?
 Perm. Mail Cell

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____ Phone # (include area code) _____

Street _____ City, State _____ Zip _____

RACE & ETHNICITY (for Statistical Purposes Only)

Are you Hispanic or Latino/Other Spanish Origin: Yes No

For non-Hispanics only:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Two or more races
- Non-Resident Alien
- Prefer not to disclose

DISCLOSURES

1. Have you ever been subject to dismissal, suspension, non-academic disciplinary probation, or other disciplinary sanction by any college, university, or professional school? If yes, an explanation must be provided on a separate sheet or electronic attachment. Yes No

2. Have you ever been convicted of a felony or misdemeanor, or is any such charge now pending against you? You need not include a traffic infraction unless it was charged as a misdemeanor or felony or the original charges involved allegations of alcohol or drug use. You need not answer "yes" because of an arrest that did not result in a conviction as long as the charges are no longer being adjudicated. If you answer "yes," an explanation must be provided on a separate sheet or electronic attachment. Yes No

REGISTRATION (PLEASE LIST THE COURSE IN WHICH YOU WISH TO ENROLL)

CRN Number (5 digits)	Course Name	Professor	Units

Does this course have a pre-requisite/co-requisite? Yes No

If yes, list prerequisite(s): _____ List Co-requisite: _____ (if any)

POLICIES

- 1) UC Hastings and USF have a special two-school consortium agreement. UC Hastings students attending USF pay their home school tuition.
- 2) Only one consortium course is permitted in any semester,
- 3) Only classroom courses, letter-graded courses with availability, may be taken (internships or clinics are not permitted),
- 4) It is the student's responsibility to request and pay for an official transcript, if needed by the home-institution.
- 5) Tuition and fees are paid to the home-institution.

By signing this application or transmitting it electronically, I hereby certify that all information I have submitted in this application is complete and true to the best of my knowledge and belief. Further, if the course I wish to take has pre or co-requisites, I authorize the UC Hastings's Records Office to confirm my completion and grade earned (or lack thereof).

Student Signature: _____ **Date:** _____

PROCEDURES & REQUIRED SIGNATURE APPROVALS

- 1) Obtain the signature of your home-institutions' Registrar for pre-approval:
HOME UC-Hastings Official (Registrar or Dean Signature): _____ **Date:** _____
 Is this student in Good Academic Standing: Yes No
 Does the course have a pre-requisite/co-requisite? Yes No If yes, please confirm the completed the pre/co-requisites: that the student completed, and the grade earned in the course(s) _____ (grade) _____

Submit completed form to USF Law Registrar's Office with a government-issued photo ID (Passport or Driver's License)

USF Official (Registrar or Dean): _____ **Date:** _____

Please submit this form, with a color copy government issued photo ID (Passport or Driver's License) to the USF School of Law Registrar's Office:

University of San Francisco School of Law
 Office of the Registrar
 2199 Fulton Street
 Kendrick Hall, Room 220
 San Francisco, CA 94117

USF Registrar's Staff Only:

Date Received: _____ Initial: _____ USF Issued ID Number: _____

Date Processed: _____ Initial: _____ Date Letter Emailed: _____

Student File Created Mail Folder Created Hold Created Reminder set to move mail folder & file to inactive (Non-Degree only)