

REGISTRATION FORM

FULL-TIME DAY/PART-TIME DAY/ PART-TIME EVENING

Touro I.D. #:

Name:

Social Security #: _____

Local Address:

(Street) (Apt. #)

Local Phone: (____) _____

(City) (State) (Zip)

Business Phone: (____) _____

Permanent Address:

(Street) (Apt. #)

Permanent Phone: (____) _____

(City) (State) (Zip)

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

American Bar Association regulations prohibit full-time students from working more than 20 hours per week while classes are in session. By signing below, you acknowledge that you will comply with this regulation; failure to do so may result in disciplinary action.

Signature _____

Date _____

Immunization Clearance <i>For office use only</i>	Bursarial Approval <i>For office use only</i>
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