



**MICHIGAN STATE
UNIVERSITY
COLLEGE OF LAW**

LL.M. Course Enrollment Form

Semester: Fall 20_____ Spring 20_____ Summer 20_____

PID: _____

Mr. First Name: _____ Surname Name: _____

Ms.

Phone #: _____ MSU Email Address: _____

****Special Note to Scholarship Students:** The charge assessed for a course that is dropped after the 100% refund date is past is **NOT** covered by scholarships. The student will be required to pay the full rate of tuition for the dropped course.

Course Number	Section Number	Section ID (6 digits)	Course Name	Credit	Drop	Add

Student Signature: _____ **Date:** _____

LL.M Program Advisor Signature: _____

Printed name: _____ **Date:** _____

Associate Dean for Student Affairs Signature: _____

Date: _____

Comments: _____

The Registrar's Office requires at least 24-48 hours to process all requests.
Please submit in person to the Registrar's Office, Room 309, or by fax 517-432-6821.

OFFICE USE ONLY:

SIS Entry by: _____
 I:\RO Forms\LLM Course Enrollment Form.doc

Date: _____
 Revised 8/20/10

Original: Student file

Copy: Advisor