



APPLICATION FOR AUDIT ADMISSION

1422 West Peachtree Street NW Atlanta, GA 30309

p (678) 916-2620 f (404) 581-5565 admissions@johnmarshall.edu

This application is for practicing attorneys, working professionals, or others who are interested in taking elective courses **not for credit**.

APPLICATION INSTRUCTIONS

1. Complete, sign/date, and submit this application form to admissions@johnmarshall.edu.
2. Submit the nonrefundable application fee of \$50.00.
3. Submit a written explanation as to why you are interested in auditing the selected course(s).

Term applying for:

- Fall, 20_____
- Spring, 20_____
- Summer, 20_____

Are you an Atlanta's John Marshall Law School Graduate?

- Yes, year graduated: _____
- No

Last Name First Name Middle Name

_____/_____/_____
U.S. SSN Date of Birth

Profession/Occupation (select one):

Practicing Attorney Working Professional:

Other: _____

Current Address: Valid until ____/____/____

Address

City State Zip

Permanent Address (if different from current address above):

Address

City State Zip

Email

Cell Phone Daytime Phone (optional)

Courses: Please list the course(s) and section(s) you are interested in auditing. This information can be found on each law school website.

Note: Current students will be given first priority in class section.

How did you learn about the Law Schools?

- Alumni Internet Word of Mouth Print Ad LSAC
- Social Media Other: _____

I certify that the information provided in this application and in any attached materials is true and complete to the best of my knowledge. In submitting this application, I indicate my willingness to accept and adhere to the Code of Student Responsibility, and recognize that I will be subject to the procedures and regulations of the Law School.

Signature

Date