WIDENER UNIVERSITY COMMONWEALTH LAW SCHOOL
VISITING STUDENT APPLICATION
SUMMER SESSION 2017

PLEASE PRINT OR TYPE:

NAME: _____
Last First Middle Social Security Number

PERMANENT ADDRESS: _____

_____
City State Zip Telephone Number

LOCAL ADDRESS OR BUSINESS ADDRESS: _____

_____
City State Zip Telephone Number

Law School Presently Attending: _____
A letter of good standing including a statement that your law school will accept the credits earned at Widener University Commonwealth Law School is required with this application.

Do you intend to apply to Widener University Commonwealth Law School for the **2017/2018** year as a transfer student? ____Yes ____No

In case of emergency notify:

Name: _____Telephone:_____

Address: _____

Signed: _____ Date: _____

Return Application to: **Office of the Registrar**
Widener University Commonwealth Law School
3800 Vartan Way
Harrisburg, PA 17110