



WE ARE NEW YORK'S LAW SCHOOL

AUDIT REGISTRATION FORM

All students and alumni who entered New York Law School the summer of 2005 or later **must** include their student ID number on this form. This number is on the front of your ID card and begins with the @ symbol.

You may submit the completed form to the Office of the Registrar by email (registrar@nyls.edu) or mail (address below).

Name: _____ Social Security number: _____

Student ID number: _____ Email: _____

Street/apartment: _____

City/state/ZIP code: _____

Business phone: _____ Cell phone: _____

Semester: Fall _____
year

Spring _____
year

Summer _____
year

Status: Full-time active student
 Part-time active student
 Alum
 Other: _____

Course Selection

Course number: _____ Course title: _____ Professor signature: _____

Reason for auditing the course: _____

Signature: _____ Date: _____

Office of the Registrar
185 West Broadway
New York, NY 10013
T 212.431.2300
F 212.343.2137