## **University of Cincinnati College of Law**

## Request For Transfer & Visiting Student Application Materials

Name:		Today's Date:	
Social S	Security/Student ID Number:	Date Desired:	
hours, ye		ou are requesting permission for more than eight semester dvance of filing this request by the Academic Policy &	
transcript school, a	ot, a letter of good standing, and, if needed, a copy of	oplication Packet." A packet includes one official law school of your LSAT score sheet. If you are applying to more than one <i>e same time</i> is also required. Please complete a separate form for yof Cincinnati.	
	Transfer/Visiting School Name:		
	Address:		
-			
	Due Date:		
	Additional Assistance Required: (e.g., Forms	requested by the other school — Please attach)	
-	Special Notes Concerning this Request:		
Your co	ompletion of this form and signature are re	quired for the processing of this request.	
Student Signature		Date	
_	•		

Pd: Check #

Rec'd

Sent