



AUDITOR APPLICATION

Please print out and complete this form following the instructions from the [Auditor Information Page](#) and return all required materials and fee to: Loyola Law School · Office of the Registrar · 919 Albany Street · Los Angeles, CA 90015

Title: Last Name: Suffix: First Name: Middle Name:

Social Security Number: Name on previous academic records, if different from above:

Date of Birth: Gender: Male Female Phone Number: E-mail:

Address: City: State: Zip Code:

Citizenship: U.S. Permanent Resident Other (specify Country) _____

Ethnic Identity (Select one or more):

Are you Hispanic/Latino? Yes No

<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Pacific Islander/Native Hawaiian
<input type="checkbox"/> Canadian Aboriginal	<input type="checkbox"/> Other Asian/Asian American (specify) _____
<input type="checkbox"/> Central American	<input type="checkbox"/> Pilipino/Pilipino American
<input type="checkbox"/> Chicano/Mexican American	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Chinese/Chinese American	<input type="checkbox"/> South American
<input type="checkbox"/> Cuban/Cuban American	<input type="checkbox"/> Southeast Asian
<input type="checkbox"/> Japanese/Japanese American	<input type="checkbox"/> Vietnamese/Vietnamese American
<input type="checkbox"/> Korean/Korean American	<input type="checkbox"/> White/Caucasian

Place of Employment:

EDUCATIONAL INFORMATION

List all law schools attended in chronological order

Name of Institution	Mo/Yr Started	Mo/Yr Ended	Major	GPA	Date Diploma Received

State Bar Certification Number: _____ State _____

For which semester are you applying? Fall Spring Summer



AUDITOR APPLICATION

Which course(s) will you Audit at Loyola Law School?

Course Title	Course Code	Professor

Please explain why you would like to audit courses at Loyola Law School? And what is your background in law in relation to the course?

DISCLOSURES

Have you ever been the subject of any disciplinary action taken by a school, college or university? Yes No

If yes, provide name of institution(s), date(s) and reasons in a separate written statement and enclose with this application.

Have you ever been convicted of, or pleaded guilty to, the violation of any law or ordinance, or the commission of any felony or misdemeanor (excluding minor traffic violations)? Yes No

If your answer is yes, for each occurrence furnish a written statement giving the complete facts, including the date, name and nature of the offense, the name and locality of the court, and the disposition of each such matter. The statement must accompany the application.

I certify that all the information contained in this application, and in all the supplemental materials which I shall submit, is accurate and true. I understand that any false or misleading statement may disqualify my application or terminate my studies as a student at this school. I further understand that the \$50 application fee is non-refundable and that any submitted records and documents are not returnable.

Print Name: _____ Date: _____

Applicant's Signature: _____
