



CENTER FOR INTERNATIONAL AND COMPARATIVE LAW
Summer Law Program in Madrid Registration Form

STUDENT INFORMATION

Form fields for Student Information: Last Name, First Name, M.I., Mr/Mrs/Ms/Dr, Birthdate, Local Phone Number, E-mail Address, Address to send program info, City, State, Zip Code, Law School, Female, Male

EMERGENCY NOTIFICATION

By signing this form you authorize the University to contact the following person should it be judged that a condition exists that appears to be dangerous for you or others and thus requires assistance or intervention (e.g. if you are incapacitated in some way, unconscious, delirious/confused, behaving unusually, seriously ill, unable to communicate, communicating incoherently, etc.):

Form fields for Emergency Notification: Last Name, First Name, Relationship to Applicant, Phone, Address, City, State, Zip Code

HOUSING REQUEST

Note: Your housing plans may have changed since you submitted your application. Please fill in your request for housing below. Reservations for program housing will be made on a first come basis and will be based on the date we receive your complete registration materials. You are welcome to find your own housing independent of the program.

Please select:

- List of housing options and preferences: I will be securing housing independent of the Summer Law Program, I request a Double room in local residence with breakfast, weekly laundry and DSL €1600, I understand I will share my room in program housing. If possible, I would like the following program applicant as a roommate. Note: roommate must be of the same sex: [blank], Please notify program housing I am allergic to the following pets: [blank], Please notify program housing I am allergic to the following foods: [blank], Please notify program housing I am a vegetarian, I am a smoker, I am a non-smoker

CELL PHONE

I would like to reserve a cell phone for the program. I have read the description of this plan in the Guide

STUDENT HEALTH CARE FORMS

My signature below indicates that I received and reviewed the Student Health Care Letter with Immunization and Medical History forms.

Signature of Student

Date

COURSE REGISTRATION

I intend on taking _____ credits for the following courses (*Please verify the courses you want to be registered for below. In case of any changes, this form supersedes courses indicated on original application.*). **Students may take a maximum of 6 hours.**

	<u>Course Name</u>	<u>Number of Credit Hours</u>
<input type="radio"/>	Comparative Criminal Procedure: Emphasis on Spain and the International Criminal Tribunals (This course requires visit to the Hague) <i>Note: Students may only take 1 of the 2 criminal procedure classes</i>	2
<input type="radio"/>	Comparative European Legal Theory: Habermas and Hart	2
<input type="radio"/>	Comparative Free Speech law	2
<input type="radio"/>	Comparative Criminal Sentencing	1
<input type="radio"/>	European Human Rights Law	2
<input type="radio"/>	Introduction to the Civil Law Systems	2
<input type="radio"/>	Spanish Criminal Procedure in Comparative Perspective <i>Note: Students may only take 1 of the 2 criminal procedure classes</i>	1
<input type="radio"/>	<u>Non-Credit</u> Introductory Spanish Course	0

EMAIL CONTACT INFORMATION DISSEMINATION

Some students have requested email addresses of other students in the program so they can find roommates, etc. Please check the box below if you would like us to provide your email address to other admitted students in the program.

You may release my email address to other students admitted to the program

DOCUMENTS REQUIRED TO BE ATTACHED TO THIS REGISTRATION FORM

My signature below indicates that I have attached to this registration form the following required documents:

- _____ Copy of Passport (If you do not have a passport, please attach a copy of the receipt showing you applied for it, then forward a copy of your passport when you receive it)
- _____ Study Abroad Participation Agreement & Assumption of Risk & Release Form
- _____ Transcript Request Form
- _____ Passport-Sized color Photograph
- _____ \$100 Deposit check made out to Saint Louis University School of Law
- _____ I will Email cicl@law.slu a copy of my Flight Itinerary no later than April 28th

Signature of Student

Date