RELEASE FOR VISITING STUDENT OR STUDYING ABROAD

Name:			VIPID:
Name: Last name	First name	MI	
Telephone Number: _		E-Mail:	@email.sc.edu
Period of Study: from	:	to:	
Reason for Visit:			
Name of ABA approve	ed Institution:		
Name of Program:			
Name of Person Letter	will be sent to:		
Person's Official Scho	ol Title:		
Mailing Address of In	stitution:		
USC Law cumulative	gpa:		
School of Law to furnis understand this letter we transferable. Credits we pass/fail basis. It is my the visiting institution we Also, any changes to my	h a letter of good stan ill also state that I must ill transfer to the University understanding that I continued the waive without a written waiver class schedule must be discussed the University	nding to ABA approst earn at least a "C" versity of South Care an not enroll in a coer from the Associa be approved by the	the University of South Carolina wed institution written above. It is or better for the credits to be colina School of Law on a purse required for graduation at the Dean for Academic Affairs. Associate Dean. Finally, I in a School of Law's grade
Student's signature:			Date:
Checklist for USC Law	Student visiting		
USC Law appli	cation for permission	to visit	
Release for visi	ting		
Program inform	nation with course des	scriptions	
Knowledge of l	aw school grade repor	rting procedure	