

Hamline University School of Law Office of the Registrar		Petition to Visit Away	
Student ID	Last name	First name	
L1 ____ L2 ____ L3 ____ L4 ____	Visiting away period <input type="checkbox"/> Fall <input type="checkbox"/> J-term <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year 20__ __		
School	Attention		
Address	City, State, Zip		
We will mail a letter granting permission to the above address. Please indicate which of the following should also be sent: <input type="checkbox"/> Letter of good standing with GPA <input type="checkbox"/> LSAT score <input type="checkbox"/> Transcript			
Please list the courses you are requesting to take and attach course descriptions. Enter the Hamline equivalent if you are attempting to fulfill a course requirement during your visiting away period.			
Course Title	Credits	Hamline Equivalent if Applicable	Credits
HUSL will accept coursework from the above listed visiting school as transfer credit(s) if: <ul style="list-style-type: none"> • The course(s) and credit(s) exactly match the course(s) and credit(s) in the pre-approved list above. Subsequent request(s) for change(s) to the pre-approved course(s) and/or credit(s) must be in writing. • The grade for each course is 2.000 or higher on a 4.000 scale or its equivalent. Coursework graded Pass/Fail, Credit/No Credit, Pass/No Pass, etc., will not transfer. • You request and HUSL receives an official transcript of the coursework directly from the visited school. 			
I authorize HUSL Office of the Registrar to bill my student account \$50 for the Visit Away fee. Initial _____			
Signature		Date	
FOR OFFICE OF THE REGISTRAR USE ONLY Please attach transcript.		Graduation Date:	
Cum. GPA	Previous transfer credits	Holds <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, student contacted
Last semester <input type="checkbox"/> Yes <input type="checkbox"/> No	ABA approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Verify that courses are offered in normal grading mode.	
Dean or Associate Dean for Academic Affairs			
Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason		
Name	Signature		Date
OTR: Letter mailed	Date	Copy to student	Date
Copy to financial aid	Date	Banner updated	Date
Account Billed (code LVAF) <input type="checkbox"/> TSAAREV <input type="checkbox"/> TGACREV	By		Date