

University of Denver Sturm College of Law
PETITION TO VISIT ANOTHER ABA APPROVED COLLEGE OF LAW

Information to be completed by student

NAME: _____

Banner ID #: _____

ADDRESS: _____

Year in School: _____

Division: Day / Evening (circle one)

Phone Number: _____

PETITIONING TERM: FALL/SPRING (circle one)

Year:20 ____

NAME OF SCHOOL: _____

COMPLETE STREET ADDRESS (must include office or person of contact):

Phone Number: _____

REASON FOR REQUEST:

List of classes you intend to take at the visiting school (attach class listings and descriptions)

Student Signature: _____ Date: _____

PETITION: **APPROVED**_____ **DISAPPROVED**_____

Associate Academic Dean

Date