

UNIVERSITY OF CINCINNATI COLLEGE OF LAW

First Year Information Form

Program Begin Semester: Fall 20____

Please complete this form. This information will also need to be updated in your Catalyst student account.

Check all that apply: Full-time Flex-time

JD/MBA JD/MA Women's Studies

JD/MA or PhD Political Science

Full Name: _____

UC ID # M _____ Last 4 Digits of your SS# _____

Date of Birth: _____

Local Address:
Street: _____

City: _____ Zip Code _____

Phone Number: _____

Cell Phone Number: _____

EMERGENCY INFORMATION

Contact Person (name): _____

Relationship: _____

Phone Number: ____ (____) _____

Permanent Address:
Street: _____

City: _____

Zip Code _____

Phone Number: _____

Additional Information:

As a first year student all of your classes are required, and your class schedule is pre-set by the section to which you are assigned. Your section assignment is the same for the fall and spring semesters.

**Flex-time students: Remember that you will be enrolled for fewer credit hours than your classmates.

I certify that the information I have provided on this form is complete and accurate.

SIGNATURE: _____ DATE: _____

PLEASE BRING THIS FORM WITH YOU ON THE FIRST DAY OF ORIENTATION