Cambridge Summer Session Visiting Application Instructions:

University policy requires all non-University of Mississippi student participants in the Cambridge Summer Session to submit a Visiting Student Application. This application is due by May 1, 2019.

PLEASE IGNORE THE INSTRUCTIONS PAGE OF THE APPLICATION THAT FOLLOWS. YOU ARE NOT REQUIRED TO REGISTER WITH LSAC OR PAY A $40 APPLICATION FEE.

Please submit this application to:

The University of Mississippi School of Law
Cambridge Summer Session
481 Chucky Mullins Drive
University, MS 38677

The University complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, or status as a veteran or disabled veteran.
Enrollment

Student Status:
___ Transfer
___ Visitor

Have you previously applied to this law school?
___ Yes
___ No

If you applied previously, for what year was the application made?
__________________________________________

If you applied previously, what was the outcome of your application?
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Biographical

Prefix
___ Mr.
___ Ms.

First (given) name
__________________________________________

Middle name
__________________________________________

Last (family) name
__________________________________________

Suffix
__________________________________________

Previous (other) name
__________________________________________
Biographical continued

Preferred first name

________________________________________

Date of birth

________________________________________

Place of birth: City

________________________________________

Place of birth:

________________________________________

Gender

___ Male
___ Female

SSN/SIN (do not include dashes)

________________________________________

LSAC Account Number

________________________________________

Demographics

Citizenship

Citizenship

___ Non-Resident Alien
___ US Citizen
___ US Permanent Resident

Country of citizenship _______________________

Visa/SEVIS number __________________________

Permanent resident number __________________

Permanent city ______________________________

Permanent state/province _____________________
Demographics continued

Permanent country ________________________

Native language ________________________

Ethnicity

Are you Hispanic or Latino?
____ Yes
____ No

If you selected 'Yes' to the above question, select an ethnicity.
____ Hispanic/Latino

What is your race? Select one or more races to indicate what you consider yourself to be.

Aboriginal or Torres Strait Islander Australian
____ Aboriginal/Torres Strait Isl. Australian

American Indian or Alaska Native
____ American Indian/Alaskan Native

Asian
____ Asian

Black or African American
____ Black/African American

Canadian Aboriginal/Indigenous
____ Canadian Aboriginal/Indigenous

Caucasian/White
____ Caucasian/White

Native Hawaiian or Other Pacific Islander
____ Native Hawaiian/Other Pacific Islander

Puerto Rican
____ Puerto Rican

Consent
____ Decline to respond

Tribal Affiliation
Demographics continued

Tribal affiliation or village name __________________________
Enrollment number (enrolled members only) ________

Contact Information

Current Address
Country ____________________________________________
Street address--line 1 ________________________________
Street address--line 2 ________________________________
Street address--line 3 ________________________________
City ________________________________________________
State/province ______________________________________
Zip/postal code ______________________________________
Current mailing address good until date ________________
Day phone __________________________________________
Evening phone ________________________________________

Permanent Address
Country ____________________________________________
Street address--line 1 ________________________________
Street address--line 2 ________________________________
Street address--line 3 ________________________________
City ________________________________________________
State/province ______________________________________
Zip/postal code ______________________________________
Permanent mailing address good until date ______________
Day phone __________________________________________
Evening phone ________________________________________

Other Contact Information
Primary e-mail address ______________________________
Secondary e-mail address ____________________________
Permanent e-mail address ____________________________
Mobile phone ________________________________________
The University of Mississippi School of Law can send text messages to my mobile phone.
____ Yes
____ No
Family
Next of Kin/Emergency Contact

Salutation ________________________________
First (given) name __________________________
Middle name/initial __________________________
Last (family) name __________________________
Relationship to applicant ____________________
Telephone (include area code) ________________
Country ___________________________________
Street address--line 1 ________________________
Street address--line 2 ________________________
Street address--line 3 ________________________
City _______________________________________
State/province _____________________________
Zip/postal code ______________________________

If you have any close relatives who have been students at this university, please provide the following information.

Relative 1
_____ Law school _____ University
First (given) name __________________________
Middle name/initial __________________________
Last (family) name __________________________
Relationship to applicant ____________________
School attended _____________________________
Start date (month/year) ______________________
End date (month/year) ________________________
Degree awarded ______________________________

Relative 2
_____ Law school _____ University
First (given) name __________________________
Middle name/initial __________________________
Last (family) name __________________________
Relationship to applicant ____________________
School attended _____________________________
Start date (month/year) ______________________
End date (month/year) ________________________
Degree awarded ______________________________

Parent/Guardian - 1
_____ Choose not to answer
_____ Deceased
First (given) name __________________________
Middle name/initial __________________________
Last (family) name __________________________
Occupation _________________________________
Highest level of education ____________________

Country ___________________________________
Street address--line 1 ________________________
Street address--line 2 ________________________
Street address--line 3 ________________________
City _______________________________________
State/province _____________________________
Zip/postal code ______________________________
## Family continued

Parent/Guardian - 2

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<th>Field</th>
<th>Information</th>
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<td>Occupation</td>
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<td>Highest level of education</td>
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| Country                       |             |
| Street address—line 1         |             |
| Street address—line 2         |             |
| Street address—line 3         |             |
| City                          |             |
| State/province                |             |
| Zip/postal code               |             |

## Education

List ALL educational institutions attended.

<table>
<thead>
<tr>
<th>Institution type</th>
<th>High School</th>
<th>Undergraduate</th>
<th>Graduate</th>
<th>Law</th>
<th>Other Post Graduate</th>
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<td>Degree</td>
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<tr>
<td>Date degree granted</td>
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</tbody>
</table>
Education continued

Institution type ___ High School ___ Undergraduate ___ Graduate ___ Law ___ Other Post Graduate

Institution name ____________________________________________

Major ______________________________________________________

Country ____________________________________________________

State/Province ______________________________________________

City _________________________________________________________

GPA ________________________________________________________

Rank ________________________________________________________

Start date ___________________________________________________

End date _____________________________________________________

Degree ______________________________________________________

Date degree granted _________________________________________

Have you ever attended any law school?

___ Yes

___ No
**Education continued**

Did you leave the law school under less than good standing?

___ Yes
___ No

List the academic honors, awards, or other recognitions you have received and explain the reason(s) upon which awards were made.


**Standardized Testing**

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</table>
Residency

Are you claiming Mississippi residency?
  ____ Yes
  ____ No

If you are claiming Mississippi residency, you must complete the downloadable residency form.

If "yes," number of years?

______________________________________________________________________________

If "yes," which county?

______________________________________________________________________________

Military

Have you served or are you now serving on full-time, active US military duty?
  ____ Yes
  ____ No

Date of entrance (month/year) ________________

Date of discharge (month/year) ________________

Rank __________________________________________________________________________

Expected military reserve or National Guard status during law school

______________________________________________________________________________

Branch _________________________________________________________________________

Discharge type __________________________________________________________________

Have you ever been separated from any branch of the US armed forces under less than honorable conditions?
  ____ Yes
  ____ No

If you have been separated from any branch of the US armed forces under less than honorable conditions, explain the circumstances.

______________________________________________________________________________

______________________________________________________________________________
Character & Fitness

Because of the high ethical standards to which lawyers are held, the failure to disclose an act or event such as the ones described below is often more significant, and leads to more serious consequences, than the act or event itself. Failure to provide truthful answers, or failure to inform the Office of Admissions of any changes to your answers, may result in revocation of admission or disciplinary action by the School of Law, or denial of permission to practice law by the state in which you seek admission to the bar. We strongly urge, if you are unsure as to whether to make a disclosure, you err on the side of disclosure. Please note: it is your responsibility to update your application by notifying the University of Mississippi Office of Law Admissions if any criminal charges are filed or expected to be filed between the date you submit this application and the date you enroll at the University of Mississippi School of Law. If the answer is "yes" to any of the questions listed below, give dates and complete details in a separate attachment.

Please check that you have read the above paragraph.

___ I have read the above statement.

Have you ever been expelled, suspended, or dismissed from any college or university for any reason?
___ Yes
___ No

Have you ever been subject to disciplinary action for academic or other reasons in any of the colleges, universities, or professional schools you have attended, or by any licensing body or professional society?
___ Yes
___ No

Are there any disciplinary charges (academic or other) currently pending or expected to be brought against you by any college, university, professional school, licensing body, or professional society?
___ Yes
___ No

Have you ever been admitted to practice law in any jurisdiction?
If "yes," please detail the jurisdiction and date of admission on a separate attachment. If your right to practice has been withdrawn, please explain.
___ Yes
___ No

Has your education in college, university, or professional school been interrupted for one term or more for any reason?
___ Yes
___ No

Have you ever been charged with, arrested for, convicted of, or pleaded guilty or nolo contendere to a violation of any law? This includes minor traffic violations, charges of driving under the influence, or any other drug- or alcohol-related offenses and any expunged offenses. You should also disclose offenses which resulted in purged, sealed, obliterated, dismissed or destroyed records, regardless of whether you have been told that you need not disclose any such event. These will also be requested by state bar authorities in many states.
If "yes", please attach a statement explaining the circumstances of each incident, whether such incident is still pending, and if not, its resolution. You should also be very specific about the dates of any incidents and the dates of resolution of said incidents.
___ Yes
___ No
Certification

By submitting this application electronically, I certify that the information provided by me on this application is complete and accurate to the best of my knowledge and belief. I understand that falsifications, misrepresentations, or omissions on the application may be grounds for denial; or, if I am accepted, for suspension or dismissal from the Law School or revocation of an offer of admission or of a degree. I understand that I have a continuing duty to disclose (within 5 days) any changes in any of the facts indicated on this application after the filing of the application and through my graduation from this law school. Failure to do so may result in dismissal from the Law School or other appropriate action.

____ I agree with the above statement.

Applicants who intend to practice law should be aware that admission to the bar in all states involves character, fitness and other qualifications. Applicants are encouraged to determine the character and fitness requirements of the jurisdiction(s) where they intend to practice law. If you are uncertain where you will practice law, you may wish to review the Standard NCBE Character and Fitness Application, titled Request for Preparation of a Character Report, of the National Conference of Bar Examiners, which is used by a number of jurisdictions' bar admission authorities. Addresses for all relevant agencies are available at www.ncbex.org.

____ I have read the above statement.

The University complies with all applicable laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone protected by law because of age, color, disability, national origin, race, religion, sex, or status as a veteran or disabled veteran.