

Name: \_\_\_\_\_ UFID: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Per the Guide to UF Law Academic Policies:**

Under the ABA guidelines, up to 29 semester hours of credit earned at another ABA- accredited law school (or approved foreign institution) may be counted towards your total required credits for graduation. The credits you earn will be accepted towards your J.D. degree at the Levin College of Law, provided that you adhere to the following rules:

- \* You will not receive credit for any Levin College of Law required courses taken at another law school without prior written permission.
- \* You will not receive credit if you duplicate a course you took while enrolled at the Levin College of Law.
- \* You will receive credit for elective courses if you earn a 2.0, "C", or its equivalent.
- \* You will receive credit for fulfilling your Advanced Writing Requirement only if you find a UF Law faculty member to certify your final paper as meeting the Levin College of Law writing requirement.

**In order for the law school to accept transfer credits, you are required to apply through the UF International Center for Study Abroad.**

Once you have been accepted by a program, you must contact Sarah Evans in the UFIC at: [sevens@ufic.ufl.edu](mailto:sevens@ufic.ufl.edu) for instructions on how to complete the UFIC registration process.

All study abroad students, who wish to receive financial aid, are required to meet with the Financial Aid Coordinator.

Name of ABA Accredited University: \_\_\_\_\_

Name of Program (if applicable): \_\_\_\_\_

Address for University/Program:  
(where to send letter)

Dates of Program (Term/Year): \_\_\_\_\_

Courses and Credits:  
(attach course descriptions or provide  
Program website)

**I understand it is my responsibility to know the rules governing visiting student status and all Levin College of Law academic regulations. I understand that I cannot assume my request has been approved, and I am responsible for checking to see what action has been taken on this petition. If I am approved, I am responsible for notifying Student Affairs of my final choice of classes (if not provided above).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Choose one:

Will Pick Up     Send Directly to School