

**APPLICATION FOR THE
CERTIFICATE IN BUSINESS LAW**
****FOR STUDENTS IN THE J.D. PROGRAM****

ID NUMBER:

NAME: _____
Last First Middle

PERMANENT ADDRESS:

Street Number/Apt. City State Zip

LOCAL ADDRESS:

Street Number/Apt. City State Zip

LOCAL PHONE: _____ WORK PHONE: _____

FAX NUMBER: _____ E-MAIL ADDRESS: _____

Only students matriculated in the J.D. Program at St. Thomas University may take courses toward the Certificate in Business Law. Please check the catalog for specific course requirements.

I, the undersigned student, agree that I must complete the required courses for the Certificate in Business Law (12 cr. minimum) and the skills/CLE requirements (4 credits plus 4 CLE or 24 hours of CLE), no later than the semester in which I will receive the Juris Doctor of Law degree.

Signature: _____ Date: _____

Signature of Directing Professor for Certificate in Business Law Date: _____

FOR REGISTRAR'S OFFICE USE ONLY POSTED BY: _____ POSTED DATE: _____
