

APPLICATION FOR THE CERTIFICATE IN ELDER 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 Elder Law.

I, the undersigned student, agree that I must complete the required courses for the Elder Law Certificate (12 cr. minimum), including attendance to two CLE seminars, 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 Elder Law **Date:** _____

FOR REGISTRAR'S OFFICE USE ONLY

POSTED BY: _____

POSTED DATE: _____