

**APPLICATION FOR THE  
CERTIFICATE IN INTELLECTUAL PROPERTY 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 Intellectual Property Law. Please check the Catalog for courses applicable toward the certificate.**

**I, the undersigned student, agree that I must complete the required courses for the Certificate in Intellectual Property Law (12 cr. minimum), no later than the semester in which I will receive the Juris Doctor of Law degree.**

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

\_\_\_\_\_  
Date: \_\_\_\_\_

**Signature of Directing Professor for  
Certificate in Intellectual Property**

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