ST. THOMAS UNIVERSITY SCHOOL OF LAW

OFFICE OF THE REGISTRAR

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: _____**

_____ **Date: _____**

Signature of Directing Professor for Certificate in Elder Law

FOR REGISTRAR'S OFFICE USE ONLY

POSTED BY: _____

POSTED DATE: _____