ST. THOMAS UNIVERSITY SCHOOL OF LAW

OFFICE OF THE REGISTRAR

APPLICATION FOR THE CERTIFICATE IN TAX LAW

*****FOR STUDENTS IN THE J.D. PROGRAM*****

ID NUMBER: ☐☐☐☐☐☐☐

NAME: Hurst Jacob R

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 Tax Law.

I, the undersigned student, agree that I must complete the required courses for the Tax Law Certificate (12 cr. minimum), including the Skills component and CLE seminar, 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 Tax Law

FOR REGISTRAR'S OFFICE USE ONLY

POSTED BY: _____

POSTED DATE: _____