

**APPLICATION FOR THE
CERTIFICATE IN IMMIGRATION PRACTICE
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 Immigration Practice. 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 Immigration Practice (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 Immigration Practice**

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