ST. THOMAS UNIVERSITY SCHOOL OF LAW

ST. THOMAS UNIVERSITY – SCHOOL OF LAW
CERTIFICATE IN INTERCULTURAL HUMAN RIGHTS

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

STUDENT ENROLLMENT FORM

ID NUMBER: ☐☐☐☐☐☐☐

NAME:_____

Last **First** **Middle/Former Name**

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 Program in Intercultural Human Rights.

I, the undersigned student, agree that I must complete the required courses for the Human Rights Certificate Program (10 cr. minimum), no later than the semester in which I will receive the Juris Doctor of Law degree. I understand that if I withdraw from any 1 credit LL.M. courses, I must remain enrolled full-time (12 credits) during the semester.

Signature: _____ **Date:** _____

INTERCULTURAL HUMAN RIGHTS DEPARTMENT NOTIFICATION

_____ _____

Signature of Director or Executive Director,
Graduate Program in Intercultural Human Rights

Date

FOR REGISTRAR'S OFFICE USE ONLY

POSTED BY: _____

POSTED DATE: _____