

**APPLICATION FOR THE
CERTIFICATE IN ADMIRALTY AND MARITIME 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 Admiralty and Maritime Law.

I, the undersigned student, agree that I must complete the required courses for the Certificate in Admiralty and Maritime Law (12 cr. minimum), and skills component (two CLE seminars presented by the Admiralty Law Section of The Florida Bar) 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 Admiralty and Maritime Law

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