

**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:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Directing Professor for  
Certificate in Immigration Practice**

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