

**ENROLLMENT FORM FOR THE CERTIFICATE IN
INTERCULTURAL HUMAN RIGHTS**

****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 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 the 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: _____