

OFFICE OF THE REGISTRAR

APPLICATION FOR THE CERTIFICATE IN REAL ESTATE LAW

FOR STUDENTS IN THE J.D. PROGRAM

ID NUMBER:				
NAME:	First	 Middle		
PERMANENT ADDRESS:	First	141	iddie	
Street Number/Apt.	City	State	Zip	
LOCAL ADDRESS:				
Street Number/Apt.	City	State	Zip	
LOCAL PHONE:	RK PHONE:			
FAX NUMBER:	E-MAIL ADDRESS:			
Only students matriculated in the the Certificate in Real Estate Law	O	•		ard
I, the undersigned student, agree that I cr. minimum) and the skills practice conthan the semester in which I will receive	mponent (4 credits extern	ship or 4 cr. course as		
Signature:		Date:		
		Date:		
Signature of Directing Professor Certificate in Real Estate Law	for			
			S OFFICE USE ONLY	
		POSTED DATE:		_