Concentration Registration Form

DIRECTIONS: Return form to the Office of Academic Records (room 114).

STUDENT INFORMATION (please print)

Last Name: _________________________  First Name: _____________________________

Student ID Number: _______________  Expected Graduation Date: ______________

Phone Number: _____________________  E-mail Address: _______________________

CONCENTRATION REGISTRATION (please print)

A. I wish to register for a Concentration in the following area: ______________________________________

B. There is a clinical or skills requirement for this area (check one): □ YES □ NO

C. My Concentration advisor is: ______________________________

D. My proposed sequence of courses is as follows (subject to change):

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

E. I propose to satisfy the Legal Writing requirement in the following course:

___________________________________________________________

Student’s statement of intent: I intend to complete a Concentration in the above area. I understand that it is my
responsibility to monitor my compliance with the Concentration requirements, including the Legal Writing requirement
and the clinical/skills requirement (if applicable). I agree to notify the Office of Academic Records if I decide to
discontinue the Concentration. I understand that in order to receive formal recognition of the Concentration, I must
submit a completed and signed Concentration Completion Form to the Office of Academic Records prior to graduation.

Student’s Signature: ____________________________  Date: ____________________________

G. Concentration advisor’s certification: I have met with ___________________________ (student’s name)
to discuss his/her decision to enroll in the selected Concentration, and to develop an individual Concentration plan.

Advisor’s Signature: ____________________________  Date: ____________________________