

Concentration Registration Form

DIRECTIONS: Return form to the Office of Academic Records and Registrar

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: _____