California State University, Los Angeles
Certificate Program in Paralegal Studies
Application for ABA Approved Certificate

Name _____ Social Security Number _____

Home Address _____ Birth Date _____
Street Address

_____ Phone _____
City *State* *Zip Code*

Please designate your specialty track:

❑ Litigation Specialist ❑ Corporate Specialist ❑ General Track

Date you first enrolled in the CPS _____

	Course Title	Course Number	Grade	Quarter and Year
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

I certify that I have attended at least one CPS Orientation meeting:

_____ _____
Signature *Date*

Please return completed form to:

Extended Education
California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032-8619

FOR EXTENDED EDUCATION USE ONLY:

Coverage ❑ G.P.A. ❑

G.E. ❑ File ❑

Certificate Approved

_____ _____
Extended Education Program Coordinator *Date*