

# APPLICATION FOR ADMISSION

## Certificate Program in Paralegal Studies

California State University, Los Angeles  
Division of Extended Education  
ATTN: Robin Hall  
5151 State University Drive  
Los Angeles, California 90032-8619

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### For the Quarter Beginning

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Summer \_\_\_\_\_ Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Legal Name Mr./Mrs./Ms/ \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_  
Street City Zip

Telephone Home \_\_\_\_\_ Business \_\_\_\_\_

Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Email Address \_\_\_\_\_

ABA-approved track sought: Litigation \_\_\_\_ Corporate \_\_\_\_ General \_\_\_\_ Undecided \_\_\_\_

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### Education (List in chronological order)

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College/University	City	State	Units Completed	Degree/Year

Please request all colleges and universities to forward official transcripts to the Office of Continuing Education at the address above.

Brief statement of reasons for applying for the Certificate Program in Paralegal Studies:

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### Employment (Relevant to your professional/academic goals. Please indicate your present employer.)

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Current Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position Title \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_