



California State University, Los Angeles
College of Extended Studies and International Programs (CESIP)
 5151 State University Drive, Los Angeles, CA 90032-8619
 ATTN: Robin Hall

APPLICATION FOR ADMISSION
CERTIFICATE PROGRAM IN PARALEGAL STUDIES

For the Quarter Beginning Summer _____ Fall _____ Winter _____ Spring _____

Legal Name Mr./Mrs./Ms./Miss _____

Address _____ City _____ State _____ Zip _____

(_____) (_____)
 Home Phone Number _____ Business _____

Birth Date _____ Email _____

ABA-approved track sought: Litigation _____ Corporate _____ General _____ Legal Tech. _____

Education (List in chronological order)

College/University	City	State	Units Completed	Degree/Year

Please request all colleges and universities to forward official transcripts to CESIP at the address above.

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

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

Current Employer _____ Employer Address _____

City _____ State _____ Zip _____

Position Title _____ Dates of Employment _____

Signature _____ **Date** _____