



COLLEGE OF

PROFESSIONAL & GLOBAL EDUCATION

5151 STATE UNIVERSITY DRIVE | LOS ANGELES, CA 90032-8619

PARALEGAL STUDIES CERTIFICATE PROGRAM APPLICATION FOR ABA APPROVED CERTIFICATE

Name _____ CIN: _____
(As you want your name on the certificate)

Mailing Address _____
Street Address City State Zip Code

Social Security Number* _____
**For ABA Report Placement Information*

Current Job Title _____ Email _____
(To be placed on job posting email list)

Current Employer _____ Contact Phone (____) _____

Employer's Address _____
Address City State Zip Code

Please designate your specialty track(s) completed:

- Litigation Specialist
 Corporate Specialist
 General Track
 Legal Tech. Specialist

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

Number of quarters you were enrolled in courses in the program: _____

I certify that I have attended at least one PLS Orientation meeting and Placement workshop:

Signature _____ Date _____

Please return completed form to: College of Professional and Global Education
California State University, Los Angeles
5151 State University Drive
Los Angeles, CA 90032-8619
ATTN: Program Office

FOR PaGE USE ONLY:

- Coverage G.P.A.
 G.E. File

CERTIFICATE APPROVED

PaGE Program Coordinator _____ Date _____