

APPLICATION FOR CANDIDACY

This application signifies my intention of pursuing the prescribed course of study toward the:
Paralegal Professional Certificate Program.

NONREFUNDABLE APPLICATION FEE: \$100

Check enclosed payable to:
Regents of the University of California

Print your name as desired on certificate:

Ms.

Mr.

Name _____

Home Address _____

City _____ State _____ Zip _____

Social Security Number / Student ID Number _____ Fax _____

Employer _____

Position _____

Daytime Phone _____ E-mail Address _____

Please e-mail me information about upcoming programs. Yes No

I verify that I have a high school diploma or the equivalent.

A minimum of 55 quarter units (37 semester units of general education) is required.
Please list below a summary of your educational experience after high school.

	Name of institution(s)	Dates attended	Total units completed	Grade point average
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

I have requested official college transcripts verifying the course work listed above to be sent within 30 days of submitting this Application for Candidacy to:
UCSB Extension, Certificate Programs-Paralegal

FOR OFFICE USE ONLY

Certificate Code:
 _____ CLA (PARA) OBJ=CA
 _____ CTW/CA (10 units)

Date Paid _____

Initials _____

