

Please complete and submit this form to the Student Affairs & Student Services Records Office **BEFORE** enrolling into the program.

Student ID#: _____
(if Known)

First Name: _____ Middle Name: _____ Last Name: _____

Name as you would like to appear on certificate: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ D.O.B (mm/dd/yyyy): _____

Email Address: _____

Gender:

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Non-Binary	<input type="checkbox"/>	Decline to state
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Education: Official transcripts with degree award date must be submitted no later than the first week of program.

INSTITUTION	MAJOR	GRADUATION DATE	DEGREES EARNED

Professional References: Please list two professional references we may contact.

NAME	JOB TITLE	PHONE	EMAIL

Field of Practice or Interest:

(LITIGATION, CORPORATE, PROBATE, ETC.) _____

Current Position:

<input type="checkbox"/>	PARALEGAL	<input type="checkbox"/>	OTHER (BE SPECIFIC): _____	<input type="checkbox"/>	NOT IN THE WORKFORCE
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Supervisor Name, Company Name & Address: _____

Tasks performed in current position: _____

Would you like us to inform your employer that you have received your certificate?

YES NO

In order to meet ABA requirements, we request the following information for statistical purposes only.

<input type="checkbox"/>	American Indian/ Alaskan Native	<input type="checkbox"/>	Asian / Asian American	<input type="checkbox"/>	Black / African American	<input type="checkbox"/>	Chicanx / Mexican American
<input type="checkbox"/>	East Indian / Pakistani	<input type="checkbox"/>	Latinx / Other Spanish American	<input type="checkbox"/>	Native Hawaiian / Pacific Islander	<input type="checkbox"/>	White / Caucasian
<input type="checkbox"/>	Multi Ethnic	<input type="checkbox"/>	Other	<input type="checkbox"/>	Decline to state	<input type="checkbox"/>	

Email, fax, or mail this form to:

EMAIL: dce-records@uci.edu

FAX: (949) 824-9072

MAIL: UCI Division of Continuing Education

Records Office

PO Box 6050

Irvine, CA 92616-6050