



FAX No. (949) 824-2090
<http://www.ce.uci.edu>

P.O. BOX 6050
IRVINE, CALIFORNIA 92616-6050

Paralegal Digital Certificate Request Form

Date: _____

Please check one: Male Female

Name (as you would like to appear on
digital certificate): _____

Student ID Number: _____

Email Address: _____

Field of Practice or Interest:
(business litigation, corporate, probate, etc.) _____

1) Current Position:

Paralegal Other (be specific): _____ Not in the workforce

2) Supervisor Name, Company Name & Address: _____

3) Tasks performed in current position: _____

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

Yes No

Please Note: All students are required to submit a paralegal graduate survey upon completion of the program. This survey will be sent to you approximately one month after your certificate is issued. Please check the options below to indicate how you would like to receive this survey.

Email Mail

Signature: _____

Date: _____

Your signature on this form certifies that all of the information provided herein is accurate, and that you agree to timely complete and return the paralegal graduate survey sent to you after your certificate is issued.

Email, fax, or fax this form to:

Email: dce-records@uci.edu

Fax: (949) 824-9072

UCI Division of Continuing Education

Records Office

PO Box 6050

Irvine, CA 92616-6050

Fields in **BOLD** must be completed for the program office to process your form.