

International Legal Studies Program Certification of Specialization Request Form

I. STUDENT INFORMATION

Name: _____ Student ID #: _____

Semester of enrollment into the ILSP Fall Spring Year: _____

Month of graduation: May August December Year: _____

Today's Date: _____

Check one: Please mail certificate directly to me
 I will pick up my certificate from the ILSP Office

Email me at _____ when the certificate is ready.
(Please Print Clearly)

II. STUDENT DELIVERY ADDRESS

Name: _____

Address: _____

City: _____

State: _____ Postal Code: _____

Country: _____ Telephone: _____

III. SPECIALIZATION SUBJECT AREA:

IV. INSTRUCTIONS

In order to qualify for an International Legal Studies Program certificate of specialization you must have successfully completed 16 credits hours from the specialization subject area's course offerings and a research paper of publishable quality specifically on the subject of your specialization. Please complete this form and attach your final or most recent unofficial transcript from the Office of the Registrar.

V. COURSES IN THE SPECIALIZATION

Please list all courses you have completed from the subject area's course offerings:

	Course Title	Credits	Professor
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

VI. Required Research Paper

Research Paper Topic: _____

Professor: _____ Course: _____ Number of Pages: _____

I hereby acknowledge that the International Legal Studies Program will rely on the information contained in this Certification Request Form, and the transcript submitted in connection with this request form.

I hereby certify that the information provided in this Certification Request Form is true and accurate to the best of my knowledge. Further, I understand that false statements or claims made in connection with this Request Form, including subsequent information and documentation submitted in connection with this Request Form is a direct violation of the Washington College of Law Honor Code and can result in sanctions; including denial of the requested certificate.

Student Signature: _____ Date: _____

Required Approval: _____ Date: _____