

**Concentration Registration Form**

DIRECTIONS: Return form to the Office of Academic Records (room 114).

**STUDENT INFORMATION (please print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**CONCENTRATION REGISTRATION (please print)**

A. I wish to register for a Concentration in the following area: \_\_\_\_\_

B. There is a clinical or skills requirement for this area (check one):  YES  NO

C. My Concentration advisor is: \_\_\_\_\_

D. My proposed sequence of courses is as follows (subject to change):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. I propose to satisfy the Legal Writing requirement in the following course:

\_\_\_\_\_

Student's statement of intent: I intend to complete a Concentration in the above area. I understand that it is my responsibility to monitor my compliance with the Concentration requirements, including the Legal Writing requirement and the clinical/skills requirement (if applicable). I agree to notify the Office of Academic Records if I decide to discontinue the Concentration. I understand that in order to receive formal recognition of the Concentration, I must submit a completed and signed Concentration Completion Form to the Office of Academic Records prior to graduation.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

G. Concentration advisor's certification: I have met with \_\_\_\_\_ (student's name) to discuss his/her decision to enroll in the selected Concentration, and to develop an individual Concentration plan.

Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_