

Personal Information

Name: _____ CSU ID: _____

Note: the name displayed on your diploma will be the official name recorded in the University's student database

Street Address: _____ Phone (Home): _____

City: _____ State: _____ Zip: _____ Phone (Cell/Other): _____

Email: _____

Degree Information (check one only)

Juris of Doctor

Master of Legal Studies

Master of Laws *Title of Dissertation:* _____

Graduating Semester and Year (check box and enter year)

Fall 20 _____

Spring 20 _____

Summer 20 _____

Signature: _____ **Date:** _____

Office Use Only

Residency: _____ Legal Profession _____ ULWR

GPA: _____ Contracts _____ *Title:* _____

Hours Completed: _____ Torts _____ Ad Law/Comp

Hours in Progress: _____ Civil Procedure _____ *Title:* _____

Total Hours Required: _____ Criminal Law _____ Evidence

Requirements will be completed: _____ Property _____ Third Semester Legal Writing

_____ Legal Research/Writing _____ *Title:* _____

_____ Constitutional Law _____ Perspective

Title: _____

Registrar's Approval

Date

Distribute copies to: Law Records Office (original)
University Registrar
Student