



Application for Admission

Please fill in all of the information requested below and return with your \$40.00 non-refundable application fee to the address at the bottom of this form. **Official transcripts** from each college or university you have attended should be forwarded to the same address. Applications lacking any of these items cannot be processed.

APPLICATION FOR <i>circle one per row</i>	semester	SPRING 20__	FALL 20__
	program	DAY (FULL-TIME)	EVENING (PART-TIME)

NAME last / first / middle initial _____

FORMER NAMES _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ **WORK/ALTERNATIVE PHONE** *please indicate type* _____

EMAIL _____

EMERGENCY CONTACT *name / phone* _____

SOCIAL SECURITY NUMBER _____

COUNTRY OF CITIZENSHIP _____ **If not U.S. date you became a permanent resident*** _____

*Please attach a photocopy of your Alien Registration Card. If you do not have an Alien Registration Card, please contact the Paralegal Studies Program office at 312 281 3300 for more information.

EDUCATIONAL BACKGROUND ADD EXTRA PAGE IF NEEDED
List every college, university or professional school attended. All institutions must be reported, whether or not credit was earned. Failure to do so constitutes grounds for rejection or dismissal. If you are currently enrolled, indicate date present term ends.

COLLEGES <i>most recent first</i>	LOCATION <i>city, state, country</i>	ATTENDANCE DATES <i>mo/yr – mo/yr</i>	DEGREE <i>major field or diploma and date</i>	NO. SEMESTER HRS. COMPLETED	IN GOOD STANDING? Y / N
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OTHER EDUCATION OR TRAINING _____

HAVE YOU PREVIOUSLY APPLIED FOR ADMISSION TO THE PARALEGAL STUDIES PROGRAM? Y / N

IF YES, PLEASE PROVIDE SEMESTER AND YEAR
