CAPITAL UNIVERSITY LAW SCHOOL PARALEGAL PROGRAM

Approved by the American Bar Association Endorsed by the Columbus Bar Association Member, American Association for Paralegal Education

> 303 E. Broad Street Columbus, Ohio 43215-3200 (614) 236-6886; FAX: (614) 236-6958

APPLICATION FOR ADMISSION

INSTRUCTIONS:

A complete application includes: (1) a completed application form; (2) non-refundable \$30.00 application fee; (3) personal statement of interest in the Program; (4) official undergraduate transcript(s); and (5) list of three character references. Return the completed application to: Graduate Law & Paralegal Programs Office, 303 E. Broad Street, Columbus, OH 43215.

APPLICATION

I am applying for the	eJanuary evening program	August evening program	Summer day program					
BIOGRAPHICAL INFORMATION								
1. NAME (Please Print)	LAST	FIRST	MIDDLE					
2. ADDRESS	LASI	TIKST	MIDDLE					
STREET		СІТҮ	STATE ZIP CODE					
3. DATE OF BIRTH:			<u> </u>					
4. OTHER NAMES KNOW	WN BY:		<u> </u>					
5. HOME PHONE NUMB	ER: (<u>)</u>		<u></u>					
6. WORK PHONE NUMB	ER: (<u>)</u>		<u></u>					
7. FAX NUMBER (if appr	opriate): ()		<u></u>					
8. CELL PHONE NUMBE	R: (<u>)</u>		<u></u>					
9. E-MAIL ADDRESS:			<u></u>					
10. SOCIAL SECURITY N	UMBER:		<u> </u>					
	olied for admission to this Program f yes, year Accepted of							
12. Predominant Ethnic Bac Note: Response to this the outcome of your ap	question is optional. This informa	ation is used for statistical purpo	oses and will not adversely affe					
African Americ	•		Hispanic/Latino Caucasian-Non-Hispanic					
Asian or Pacific	Islander							
I. EDUCATIONAL BACK	<u>GROUND</u>							
	ended a program in paralegal educ yes, provide name of program and							
	probation, suspended, or dismissed	-						
school(s)?	· -		-					
final disposition.	res, attach a separate statement giv	ing the name of the institution(s	s), action, date of action, and					

COLLEGE: (Official Transcript Required)						
Institution	Attendance	Dates of Degree	Major & Hours	Cum. Gr. Pt Average to Date		
III. PERSONAL STATE						
Please attach a brief state		want to enter thi	s paralegal program.			
IV. EMPLOYMENT HIS Employer			Nature of Position		Dates	
_						
			STIONS. IF YOUR ANSWER IS NATION (attach to application).	S "Yes" Yes	No	
a. Have you ever been a	rrested?					
b. Have you ever been d	ischarged or requested to r	esign from any en	nployment? If so, why?			
c. Have you ever been so	uspended or expelled from	any school or coll	ege? If so, why?			
•	•	•	violations)? If so, what was			
			ason(s)			
•	-	-	so, what was the outcome?			
-	-	_	nt by any court, or committed to			
<u> </u>	_		why?			
•	uspended or expelled, as a		•			
•	-					
_	-					
	_		would help us evaluate your app	 lication (a	ttach to	
application).	ai circumstances in your i					
application). I certify that all of the in action taken in reliance of admission, or if I am	nformation given here is c thereon. I understand tha	t an inaccurate o naccurate or inco	rrate and given for the purpose or incomplete application may be implete information, this may be nent to the application.	the basis		