



# American Bar Association Paralegal Certificate Program Application

Date:	
Name:	
Address:	
City, State, Zip Code:	
Home Phone:	
Work Phone:	
Email:	

**Oakland University-Strategic Programs**

519 Wilson Hall  
Rochester MI, 48309-4401

**Phone:** (248) 370-3177

**Fax:** (248) 370-4210

**Email:** [lwallace@oakland.edu](mailto:lwallace@oakland.edu)

**Web:** <http://www.oakland.edu/pace/paralegal>

## Previous Employment (list in reverse chronological order)

**1)**

Name of Employer:		
Dates of Employment:		
Location:		
Phone Number:		
Last Job Title:		

**2)**

Name of Employer:		
Dates of Employment:		
Location:		
Phone Number:		
Last Job Title:		

**3)**

Name of Employer:		
Dates of Employment:		
Location:		
Phone Number:		
Last Job Title:		

## Education (list in reverse chronological order)

**1)**

Name of Institution:		
Dates Attended:		
Location:		
Major/Degree:		



# American Bar Association Paralegal Certificate Program Application (Continued)

**2)**

Name of Institution:

Dates Attended:

Location:

Major/Degree:

**3)**

Name of Institution:

Dates Attended:

Location:

Major/Degree:

### Equality of Opportunity (this section is optional)

Ethnic Background:

- White/Caucasian/Not Hispanic
- Black/African American/Not Hispanic
- American Indian/Alaskan Native
- Asian
- Pacific Islander
- Hispanic

Gender:

- Male
- Female

Date of Birth:

### Requirements for Admission to the Paralegal Certificate Program at Oakland University:

1. Completed application
2. Sample of writing skills-one page, three paragraph autobiography.
3. Certified transcripts showing minimum of 45 semester hours of college credit.\*
4. Satisfactory scores on P.A.I. (Personal Assessment Inventory).

\*According to American Bar Association guidelines, a limited number of students may be admitted without meeting this requirement. See Detailed Program Information handout for more information.

**In the box below, please add any additional information you wish to include that is relevant to your application.**

**Electronic Authorization:** BY TYPING MY FULL NAME IN THE SPACE PROVIDED, I VERIFY THAT I HAVE ANSWERED ALL QUESTIONS COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT WITHHOLDING INFORMATION REQUESTED, FALSIFICATION OF INFORMATION, OR MISREPRESENTATION OF ANY PORTION OF THIS APPLICATION MAY BE CAUSE FOR CANCELLATION OF ADMISSION, FINANCIAL AWARD OR APPOINTMENT.

Signature