

## Application for the Certificate in Business Law Submit this form within the first two weeks of your last semester.

Name:	Clearly print your nam	ne evactly as you v	want it to annear o	n the Certificate)		
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I expect to graduate in, 201 and I am applying for the Certificate in Business Law.  CWID Number: A20 Print your preferred email address:						
	address for the Certi					
				State:	Zip:	
I will ha		oleted the followin	g requirements by	graduation. Cours	ses taken pass/fail after	
	uired Courses: You ness Organizations		•			
2. <u>Core</u>	e Courses: You must	take at least two c	of the following co	ourses:		
□ Antii	trust   Bankruptcy	☐ Business Entity	y Formation or Bu	isiness Entity Trans	sactions	
□ Com	mercial Law: Secured	l Transactions □	Corporate Financ	e □ Taxation of B	usiness Enterprises	
3. Addi	tional Courses I hav	e taken the follow	ing additional cou	rses to fulfill the 24	4-hour requirement:	
Course	(credit hours):		Course (cred	t hours):		
4. Lega	al Writing Requiren	<u>ient</u>				
I will have fulfilled the Legal Writing requirement by taking one of the following:  ☐ the "tethered" Business Organization/Legal Writing III class						
	□ a business-related Legal Writing IV class; specialization:					
	a law review or journ					
	an independent study	resulting in a pap	er on the followir	g topic:	*	
	□ a business-related seminar resulting in a paper (seminar name):*  *Before final exams, you must submit a statement from the supervising professor briefly describing the paper and stating that the topic was business law related.					
5. <u>Exp</u>	<u>eriential Requireme</u>	<u>nt</u>				
I wi	I will have fulfilled the experiential requirement by:					
	☐ Business Entity Formation or ☐ Business Transactions					
	<ul> <li>□ An externship or internship relating to the practice of business law.*         *Before final exams, you must submit a statement from the supervising attorney briefly describing your work and stating that the experience was related to business law.</li> <li>□ Business Law related work experience**         **Before final exams, you must submit a statement describing the length of time and nature of the work experience.</li> </ul>					
Your sig	gnature:		Date: _			
Director's Approval:			I	Date:	_	
Registrar's Verification:				Date:		
	Return this form	to Alex Wilgus o	outside room 827;	retain a copy for yo	our records.	
revised	1/25/12					