



Concentrated Studies Program Application

REGISTRAR'S OFFICE

200 McAllister Street • San Francisco, CA 94102 • office (415) 565-4613 • registrar@uclawsf.edu

Things to note:

1. After obtaining the necessary signature(s), submit the form to the Registrar's Office. To ensure that the concentration is listed in the commencement program, submit no later than the **first week** of classes of the semester in which you plan to graduate.
2. Certain courses may require students to complete this application *prior* to registration.
3. See the current course catalog for a list of required courses and qualifying electives. **It is the student's responsibility to meet with the Concentration Advisor(s) and ensure that all requirements are met.**

Section I: Student Information

Name: _____ Student ID # _____

I hereby apply for admission to the Concentrated Studies Program in the following area (submit separate forms for multiple concentrations):

- | | |
|--|--|
| <input type="checkbox"/> Business Law | <input type="checkbox"/> International & Comparative Law |
| <input type="checkbox"/> Civil Litigation & Dispute Resolution | <input type="checkbox"/> Health Law and Policy |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Social Justice Lawyering |
| <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Government Law | <input type="checkbox"/> Technology & Innovation |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Work Law |

Advisor Name: (please print) _____

Further, I hereby authorize the release of my academic file, including my transcript, to the faculty advisor(s) for the program(s) checked above.

Student Signature: _____ Date: _____

Section II: Concentration Advisor Approval

The above named student is approved for admission to the Concentrated Studies Program in the area shown.

Concentration Advisor Signature: _____ Date: _____

Section III: Registrar's Office Only

Cumulative GPA _____ Units Completed _____ Grad Date _____

Registrar's Office: _____ Date: _____