



**MSL Specialization
Application**

REGISTRAR'S OFFICE

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

- Instructions:** 1) Complete Section I and obtain required signature in Section II.
 2) To ensure that the Specialization is listed in the commencement program, submit no later than the firstweek of classes of the semester in which you plan to graduate

Section I: Student Information

Name: _____ Student ID # _____

Anticipated Graduation Date: _____

I hereby apply for an **MSL Specialization** in the following area:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Employment | <input type="checkbox"/> Immigration | <input type="checkbox"/> Social Justice |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Environmental Law | <input type="checkbox"/> International Business & Trade | <input type="checkbox"/> Start-ups & Entrepreneurship |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Government | <input type="checkbox"/> International Law | <input type="checkbox"/> Tax |
| <input type="checkbox"/> Dispute Resolution | <input type="checkbox"/> Health Law | <input type="checkbox"/> Litigation | |

Self-Designed (insert approved specialization name here) _____

I certify that I have enrolled in the following courses to fulfill the above specialization:

Course Name	Course No.	Units
		Total 12 or more

I hereby authorize the release of my academic file, including my transcript, to the Director of the MSL Program.

Student Signature _____ Date: _____

Section II: Certification of Director of MSL Program:

The above-named student is approved to pursue the MSL Specialization in the area shown.

Signature: _____ Date: _____

Section III: Registrar's Office	
Units Completed: _____	Graduation Date: _____
Signature: _____	Date: _____