# Paralegal Certificate Program Application - 2016

**Date:**

**Name:**

**Address:**

**City, State, Zip Code:**

**Home Phone:**

**Work Phone:**

**Email:**

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### 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:**

---

### Education (list in reverse chronological order)

1)

**Name of Institution**

**Dates Attended:**

**Location:**

**Major/Degree:**

2)

**Name of Institution**

**Dates Attended:**

**Location:**

**Major/Degree:**

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**Oakland University-**

**Office of Strategic Programs**

**440E Pawley Hall**

**Rochester, MI 48309-4401**

**Phone:** (248) 370-4386

**Fax:** (248) 370-3090

**Email:** lwallace@oakland.edu

**Web:**

[http://www.oakland.edu/pace/paralegal](http://www.oakland.edu/pace/paralegal)
3) Name of Institution

<table>
<thead>
<tr>
<th>Dates Attended:</th>
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<tbody>
<tr>
<td>Location:</td>
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<tr>
<td>Major/Degree:</td>
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**Equality of Opportunity (this section is optional)**

<table>
<thead>
<tr>
<th>Ethnic Background:</th>
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<tbody>
<tr>
<td>White/Caucasian/Not Hispanic</td>
</tr>
<tr>
<td>Black/African American/Not Hispanic</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

**Gender:**

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
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**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. P.W.I. (Personal Writing Inventory) for those without a 4 year degree or a 4 year degree and a GPA of 2.9 or below.

*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 space 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**