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**Paralegal Certificate Program Application** – **Spring 2017**

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| **Date:** |  | **Oakland University-****Office of Strategic Programs**440E Pawley HallRochester, MI 48309-4401**Phone:** (248) 370-4386**Fax:** (248) 370-3090**Email:** lwallace@oakland.edu**Web:** <http://www.oakland.edu/pace/paralegal> |
| **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:** |  |

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| **Education (list in reverse chronological order)** |
| **1)** |
| **Name of Institution** |  |
| **Dates Attended:** |  |
| **Location:** |  |
| **Major/Degree:** |  |
| **2)** |
| **Name of Institution** |  |
| **Dates Attended:** |  |
| **Location:** |  |
| **Major/Degree:** |  |
| **3)** |
| **Name of Institution** |  |
| **Dates Attended:** |  |
| **Location:** |  |
| **Major/Degree:** |  |

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| **Equality of Opportunity (this section is optional)** |
| **Ethnic Background:**  |
| White/Caucasian/Not Hispanic |  | Asian |  |
| Black/African American/Not Hispanic |  | Pacific Islander |  |
| American Indian/Alaskan Native |  | Hispanic |  |
| Other |  |
| **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. 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.

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| **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** |  |