

CHICAGO-KENT COLLEGE OF LAW

PROGRAM IN LABOR AND EMPLOYMENT LAW
Application for the Certificate in Labor and Employment Law

To be filled out prior to graduation

STUDENT INFORMATION (print your name as you would like it to appear on the certificate)

- Mr
 Mrs
 Ms

First Name Middle Initial Last Name

Address City State Zip

Home phone Work phone

Student ID Number Expected graduation date Email address

Post-graduation address

- Employment Relationships
 Labor Law
 Employment Discrimination
 Advanced Research/Drafting in Labor/Employment Law
 Employment Law Clinic
 Labor/Employment Law Externship
 Labor/Employment Externship Class
 Employment Litigation
 Workers Compensation
 Employee Benefits Law
 Disability Law

 Seminar (please specify)

 Other (please specify)

Student's signature Date

APPROVED BY:

Director of the Program Date

GIVE THIS FORM TO PROFESSOR MALIN (ROOM 843)