

Today's Date _____

Student's name _____ ID number _____

Student's Email Address _____ Phone _____

Circle year: 1L 2L 3L LLM Visiting Anticipated graduation date: _____

Please return the completed form and an advising transcript with all qualifying courses highlighted to the Registrar's Office by email. This form will not be accepted without a highlighted transcript. Please see the website for a full description of the certificate and its requirements.

1) Foundation courses (Required):

Course	Title	Unit	Grade Point (see pg 2)
Law 206	Criminal Law	3	
Law 227A	Criminal Procedure	3	
Law 219	Evidence	3 or 4	

Choose at least 1 of the following:

Course	Title	Unit	Grade Point (see pg 2)
Law 263	Criminal Trials: Theory & Practice	4	
Law 263A	Trial Practice	3	
Law 410A	Appellate Advocacy	2	
Law 253	Policy Advocacy	2	

Choose one from each column:

Title	Unit	Title	Units:												
<input type="checkbox"/> Criminal Justice Externship (at least 3 units)		<input type="checkbox"/> Criminal Justice Externship (at least 3 units)													
<input type="checkbox"/> Immigration Law Clinic		<input type="checkbox"/> Summer /School Year Jobs*	Hours:												
<input type="checkbox"/> Post-Conviction Practicum Law		<table><tr><th>Agency(s)</th><th>Hours</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	Agency(s)	Hours											
Agency(s)	Hours														
<input type="checkbox"/> Family Protection Clinic															
<input type="checkbox"/> Civil Rights Clinic															
<input type="checkbox"/> Aoki Federal Court Amicus Project/Aoki Federal Defender															
<input type="checkbox"/> Aoki Criminal Practicums/Aoki Conviction & Sentence Integrity Practicum		<i>*For agency hours: must supply letter from agency to certify hours completed.</i>													

**For agency hours: must supply letter from agency to certify hours completed.*

2) Elective courses

Course	Title	Unit	Grade Point

3) Research paper

Title: _____

Date completed: _____ Course Number: _____

_____ Date: _____

Research Paper Supervisor Name/Signature - *Registrar's Office will accept an email from Supervisor in lieu of signature.*