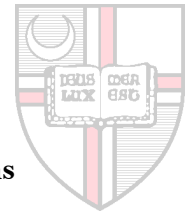


THE CATHOLIC UNIVERSITY OF AMERICA
Columbus School of Law
Office of Institutes & Special Programs



2009-10 Application for Admission to Specialized Law School Programs

Full Name _____

Current Address _____

City _____ State _____ Zip Code _____

This Address Valid Until? _____ Home Phone Number _____ Work Phone Number _____

Email Address _____

Division: (Check One) Day or Evening

(Check One) J.D. Applicant or Current Student ID: _____ Anticipated graduation date: _____

To which program are you applying: (Please check ONE)

- | | | | |
|---|---|---|-------------------------------------|
| Comparative & International Law Institute | CILI <input type="checkbox"/> | Program of Studies in Jurisprudence, Center | |
| Institute for Communications Law Studies | CLI <input type="checkbox"/> | for Law, Philosophy and Culture | LPC <input type="checkbox"/> |
| Interdisciplinary Program in Law & Religion | L&R <input type="checkbox"/> | Securities Law Program | SEC <input type="checkbox"/> |
| Law and Public Policy Program | LPP <input type="checkbox"/> | | |

Decisions on admission to the programs are based on the applicant's academic and professional achievement, expressed career goals, and the ideas and experiences that have led to those goals. *All students are equally considered for admission to these specialized programs regardless of their prior experience and we encourage all interested students to apply.*

1. Please attach a personal statement addressing the following topics:

- 1) Describe any academic experience, prior employment, or volunteer work that is relevant to the program you have selected.
- 2) Explain your educational and professional goals and discuss how they would be served by your participation in the program you have selected. Describe any career paths that interest you.
- 3) Discuss what strengths and experience you would bring to the program that might enhance the learning experience of other students.

2. Please attach your résumé if you have one.

I certify that the foregoing information is true, correct and complete to the best of my knowledge. I shall inform the law school promptly if there is any change in any of the facts indicated herein.

Signature of Applicant _____ Date _____

I grant permission for the director to review my law school admissions file? (Initial) YES _____ NO _____

Please submit the completed application form to:

The Catholic University of America
Columbus School of Law
Office of Institutes and Special Programs
Washington, DC 20064

Institutes@law.edu ♦ Phone: 202-319-6081 ♦ Fax: 202-319-4004

Please note: Applications to each program will be considered only after an applicant has been admitted to the Columbus School of Law of The Catholic University of America. After an applicant is accepted to the Law School, his or her application will be forwarded to the appropriate program director for review.