

## APPLICATION FOR ADVANCED CERTIFICATE IN HEALTH LAW & POLICY

Please submit this form to the Registrar's Office the semester prior to graduation.

Print name as it should appear o	n your certificate:		
Cell Phone #:			
U #:	-		
Current Student: Anticipated Date of Graduation: _	Current GPA:		
the required courses. You must all candidates seeking the certific	have an average grac cate must graduate wi	total of 15 Health Law course credits, including de of B or better and no grade below C. Also, ith an overall GPA of 2.5 or better. See list of ken and return all forms to the Registrar's	
• • • •	now existing or herea	at Pace University School of Law and agree to after adopted. I certify that, to the best of my discomplete.	
Student's Signature	<b>;</b>	Date	_
For Registrar's Use Only:			
Approved:			
Denied:		(see page 2)	

Completed	Pending
	Completed