



# Concentrated Studies Program Application

**UC HASTINGS**  
COLLEGE OF THE LAW  
EST. 1878

## RECORDS OFFICE

200 McAllister Street • San Francisco, CA 94102 • office (415) 565-4613 • records@uchastings.edu

### **Things to note:**

1. After obtaining the necessary signature(s), submit the form to the Records Office. To ensure that concentration is listed in the commencement program, submit no later than the **first week** of classes of the semester in which you plan to graduate.
2. Certain courses require students to complete this application *prior* to registration.
3. See the current course catalog for a list of required courses and qualifying electives. **It is the student's responsibility to meet with the Concentration Advisor(s) and ensure that all requirements are met.**

### **Section I: Student Information**

Name: \_\_\_\_\_ Hastings ID # \_\_\_\_\_

I hereby apply for admission to the Concentrated Studies Program in the following area(s):

- |  |  |
|--|--|
| <input type="checkbox"/> Business Law                          | <input type="checkbox"/> International & Comparative Law |
| <input type="checkbox"/> Civil Litigation & Dispute Resolution | <input type="checkbox"/> Health Law and Policy           |
| <input type="checkbox"/> Criminal Law                          | <input type="checkbox"/> Social Justice Lawyering        |
| <input type="checkbox"/> Environmental Law                     | <input type="checkbox"/> Taxation                        |
| <input type="checkbox"/> Government Law                        | <input type="checkbox"/> Work Law                        |
| <input type="checkbox"/> Intellectual Property                 |  |

Advisor Name: (please print) \_\_\_\_\_

Further, I hereby authorize the release of my academic file, including my transcript, to the faculty advisor(s) for the program(s) checked above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Section II: Concentration Advisor Approval**

The above named student is approved for admission to the Concentrated Studies Program in the area shown.

Concentration Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Section III: Records Office Only</b>		
Cumulative GPA _____	Units Completed _____	Grad Date _____
Records Office: _____	Date: _____	