



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

## MSL Specialization Application

### RECORDS OFFICE

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

- Instructions:** 1) Complete Section I and obtain required signature in Section II.  
2) To ensure that the Specialization is listed in the commencement program, submit no later than the first week of classes of the semester in which you plan to graduate.

#### Section I: Student Information

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

Anticipated Graduation Date: \_\_\_\_\_

I hereby apply for an **MSL Specialization** in the following area:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Business           | <input type="checkbox"/> Employment        | <input type="checkbox"/> Immigration                    | <input type="checkbox"/> Social Justice               |
| <input type="checkbox"/> Compliance         | <input type="checkbox"/> Environmental Law | <input type="checkbox"/> International Business & Trade | <input type="checkbox"/> Start-ups & Entrepreneurship |
| <input type="checkbox"/> Criminal Justice   | <input type="checkbox"/> Government        | <input type="checkbox"/> International Law              | <input type="checkbox"/> Tax                          |
| <input type="checkbox"/> Dispute Resolution | <input type="checkbox"/> Health Law        | <input type="checkbox"/> Litigation                     |   |

Self-Designed (insert approved specialization name here) \_\_\_\_\_

I certify that I have enrolled in the following courses to fulfill the above specialization:

Course Name	Course No.	Units
		<b>Total 12 or more</b>

I hereby authorize the release of my academic file, including my transcript, to the Director of the MSL Program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### Section II: Certification of Director of MSL Program:

The above-named student is approved to pursue the MSL Specialization in the area shown.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

#### Section III: Records Office

Updated January 31, 2019

Units Completed: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_