



LL.M. Practice Training Track Form

RECORDS OFFICE

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

Instructions: Complete Section I and obtain the required signature in Section II. Submit the completed form to the Records Office (200 McAllister Street, Room 218) for processing.

Section I: Student Information

Name: _____ Hastings ID # _____

Anticipated Graduation Date: _____

I hereby apply for admission to the LL.M. Practice Training Track. I certify that I have enrolled in the following courses to fulfill the track:

Course Name	Course No.	Units

Further I hereby authorize the release of my academic file, including my transcript, to the Associate Dean of Global Programs and the Global Programs Coordinator.



Student's Signature: _____ Date: _____

Section II: Certification of Associate Dean for Global Programs

The above named student is approved for admission to the LL.M. Practice Training Track in the area shown.

Signature: _____ Date: _____

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Section III: Records Office

Units Completed _____ Graduation Date _____

Name and Signature: _____ Date: _____