



UC HASTINGS
COLLEGE OF THE LAW
EST. 1878

RECORDS OFFICE

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

**Concentrated Studies
Program Application**

Things to note:

1. After obtaining necessary signature(s), submit form to 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 current course catalog for 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"/> Intellectual Property |
| <input type="checkbox"/> Civil Litigation & Dispute Resolution | <input type="checkbox"/> International & Comparative Law |
| <input type="checkbox"/> Criminal Law | <input type="checkbox"/> Health Law and Policy |
| <input type="checkbox"/> Environmental Law | <input type="checkbox"/> Social Justice Lawyering |
| <input type="checkbox"/> Government Law | <input type="checkbox"/> Taxation |
| <input type="checkbox"/> Work Law | <input type="checkbox"/> Technology and Innovation in the Practice of Law |

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: _____

Section III: Records Office Only		
Cumulative GPA _____	Units Completed _____	Grad Date _____
Records Office: _____	Date: _____	