

APPLICATION FOR RECOGNITION IN LAW SCHOOL AREA OF CONCENTRATION

Please print or type			
Student Name:	_	Student ID Number:	
Current address:		Email:	
This form must be returned to the Office of (ublawacadaff@ubalt.edu) by November graduation and April 15 for Spring gr	15 for Winter	Date JD Degree is to be awarded/was awarded	
am requesting recognition for the fo	ollowing area of	f concentration:	
☐ Business Law		International & Comparative Law	
☐ Criminal Practice		Litigation & Advocacy	
☐ Estate Planning		Public Service	
☐ Family Law		Real Estate Practice	
☐ Intellectual Property			
1	6	Concentrations). Notes:	
2		·	
3			
4	9		
5	10		
Student Signature:		Date:	
or office use only			
arsigma Approved		Not Approved	
Concentrat	tion in:		
Director for Student Support		Date:	
☐ Email notice sent to student	(date):		

This form must be returned to the Office of Academic Affairs (ublawacadaff@ubalt.edu) by November 15 for Winter graduation and April 15 for Spring graduation.