SCHOOL AREA OF CONCENTRATION

	Student ID
Student Name:	Number:
Current address:	Email:
carrent address.	
	Date JD Degree is to be awarded/was awarded:
I am requesting recognition for the following area of concentration (one only):	
☐ Business Law	☐ International & Comparative Law
☐ Criminal Practice	☐ Litigation & Advocacy
☐ Estate Planning	☐ Public Service
☐ Family Law	☐ Real Estate Practice
☐ Intellectual Prope	rty
I have completed the following courses in support of my application for this area of concentration. (Please refer to the School of Law website for specific information about the requirements for Areas of Concentrations).	
1	6 Notes:
2	7
4	
5	
Student Signature:	Date:
For office use only	
☐ Approved	☐ Not Approved
Concentration in:	
Name :	Date:
Title:	
□ Fmail notice cent	to student (date):

Please submit this form to the Office of Academic Affairs (ublawacadaff@ubalt.edu) by the end of the first month of the semester in which you plan to graduate.