



FAX No. (949) 824-1547  
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P.O. BOX 6050  
IRVINE, CALIFORNIA 92616-6050

# Certificate Request Form

## Paralegal Certificate Program

Date: \_\_\_\_\_ Please check one:  Male  Female

Final Course – Quarter/Year: \_\_\_\_\_

Name (as you would like to appear on certificate): \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Email Address: \_\_\_\_\_

Field of Practice or Interest:  
(business litigation, corporate, probate, etc.) \_\_\_\_\_

1) Current Position:  
 Paralegal  Other (be specific): \_\_\_\_\_  Not in the workforce

2) Supervisor Name, Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_

3) Tasks performed in current position: \_\_\_\_\_  
\_\_\_\_\_

4) Would you like for us to inform your employer that you have received your certificate?  
 Yes  No

**Please Note:** All students are required to submit a paralegal graduate survey upon completion of the program. This survey will be sent to you approximately one month after your certificate is issued. Please circle one of the options below to indicate how you would like to receive this survey.

Email                      Mail

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

Your signature on this form certifies that all of the information provided herein is accurate, and that you agree to timely complete and return the paralegal graduate survey sent to you after your certificate is issued.

Fields in **BOLD** must be completed for the program office to process your form.