NOTICE OF CONCENTRATION COMPLETION

I hereby submit the Notice of Concentration Completion for review. I have completed all necessary elements of the _____ concentration as follows:

COURSE TITLE	TERM	CREDITS	GRADE	COURSE TITLE	TERM	CREDITS	GRADE

For Civil Litigation Concentration Only: Internship or Clinical Program _____

CONCENTRATION WRITING REQUIREMENT COURSE_____ **TOTAL CREDITS**_____

PROFESSOR_____ **GRADE** _____

I understand the Faculty Concentration Director will review and determine whether I have satisfied the requirements necessary to earn an academic concentration.

_____ _____ _____ _____

STUDENT SIGNATURE **STUDENT ID#** **DATE** **EMAIL ADDRESS**

STUDENT NAME (Print) _____

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OFFICE USE ONLY

CONCENTRATION GPA _____

CUMULATIVE GPA _____

LEGAL WRITING REQUIREMENT COMPLETED_____

CERTIFICATE _____**WITH DISTINCTION**_____

TRANSCRIPT NOTATION_____

_____ _____

FACULTY CONCENTRATION DIRECTOR **DATE**

_____ _____

REGISTRAR **DATE**