

QUEENS COLLEGE/CUNY
CONTINUING EDUCATION PROGRAM

Dear Applicant:

Thank you for your interest in the Paralegal Studies Program.

To apply, please complete this application and send it, together with a non-refundable fee of \$25 (check or money order) payable to Queens College CEP, and mail to:

Paralegal Program Coordinator
Continuing Education Program
Queens College/CUNY
65-30 Kissena Blvd.
Flushing, New York 11367-0904

Additionally; **An official copy of your college transcript must be requested by you and sent directly to us from the school you attended indicating completion of 60 college credits.**

Once we have received your application, we will evaluate your eligibility. Upon acceptance you may register for as many courses as you wish. Until you receive notification of your acceptance, you may register for up to two courses. Day Accelerated students may not register until their applications have been accepted.

Once again, thank you for your interest.

Sincerely,

Thomas C. Cracovia
Executive Director

FOR OFFICE USE ONLYApp. Rec'd _____
dateFee Rec'd _____
dateLate Fee(s) Rec'd _____
dateTrans. Rec'd _____
date**APPLICATION****PARALEGAL STUDIES PROGRAM**

PLEASE NOTE: Satisfactory fulfillment of all requirements of this program leads to a Certificate of Completion. In order to receive a Certificate of Completion, students must satisfactorily complete 12 paralegal courses, attend 80 percent of all class sessions, maintain an overall average of B and submit a transcript showing that they have satisfactorily completed 60 *credits* of general education at an accredited college or other accredited institution for post secondary education. Students who withdraw from the program for three consecutive semesters must reapply for admission and be bound by requirements in effect at the time of readmission.

Name: Mr./Ms. _____
Last name First name Maiden name

E-mail Address _____

Address _____
Street City State Zip

Home Phone _____ Office Phone _____

Date of Birth _____ Soc. Sec. # _____

Please check the appropriate spaces: I wish to attend the _____ Evening Program
_____ Weekend Accelerated Program _____ Day Accelerated Program* for the
_____ Spring _____ Summer _____ Fall Semester of 20____

*Students wishing to attend the Day Accelerated Program must be interviewed by the Coordinator.

All foreign degrees must be translated and evaluated by World Education Services Inc.

	Institution	Dates Attended	Major	Diploma/ Degree	Date Granted
Education					
High School					

College _____

Graduate _____

College transcript has been ordered: _____ YES _____ NOT YET

Other Education or Training _____

Response to the following is voluntary and the information will be kept confidential. Refusal to provide this information will not subject your application to any adverse treatment.

Which category describes you best?

☐ Black, non-Hispanic

☐ Asian or Pacific Islander

☐ American Indian or Native Alaskan

☐ White, non-Hispani

☐ Hispanic

☐ Other - please specify_____

Employment Record:

Organization (name & address)	Position	Duties	Dates Employed

Volunteer Experience:

Special Honors and/or Awards:

REFERENCES: List two people who are familiar with your qualifications and can comment on your performance as an employee or a student.

Name	Title	Organization	Address	Phone

How did you hear about the program?

Write a statement of not less than 200 words which presents your reason for wishing to enter this program. Include any relevant information about your background. Also, state why you are interested in becoming a paralegal and what your employment goals are. If additional space is needed, you may attach a separate piece of paper to this application.

Please be sure to sign this application (below).

Signature

Date