



# CENTER FOR ADVANCED LEGAL STUDIES

*The Paralegal People*®

3910 Kirby Dr., Suite 200  
Houston, Texas 77098-4151

713-529-2778  
1-800-446-6931

Approved by the  
American Bar Association

Accredited by the  
Council On Occupational Education

## Application for Admission

I would like to begin classes in  ( Approximate Date)

I am applying for admission in the  Program  
(A.A.S or Certificate for College Graduates)

### 1. Student Information

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
Date of Birth (Month/Day/Year): <input type="text"/>	City, State, and Country of Birth: <input type="text"/>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	E-Mail: <input type="text"/>	Phone: <input type="text"/>
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Registration Number, if applicable: <input type="text"/>	Request International Student Application: <input type="checkbox"/> Yes <input type="checkbox"/> No

### 2. Student's Permanent Address

Street Address: <input type="text"/>	
City/Province: <input type="text"/>	
State: <input type="text"/>	Country: <input type="text"/>
Postal Code: <input type="text"/>	<input type="text"/>

### 3. Education

Education level:  <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Some College # of Years <input type="text"/> <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Graduate Degree		
Name of Last High School Attende <input type="text"/>	City/State: <input type="text"/>	Graduation Year or Year GED earned: <input type="text"/>
<b>Post-secondary Education:</b>		
(1) Name of College or University <input type="text"/>	City/State: <input type="text"/>	Number of Credits Earned/Field of Study: <input type="text"/>
(2) Name of College or University <input type="text"/>	City/State: <input type="text"/>	Number of Credits Earned/Field of Study: <input type="text"/>

(3) Name of College or University <input type="text"/>	City/State: <input type="text"/>	Number of Credits Earned/Field of Study: <input type="text"/>
(4) Name of College or University <input type="text"/>	City/State: <input type="text"/>	Number of Credits Earned/Field of Study: <input type="text"/>

**4. Veteran's Information, if applicable**

Military Service:  <input type="checkbox"/> Yes If yes, you will be required to submit transcripts from <u>ALL</u> colleges and universities attended  <input type="checkbox"/> No If no, please skip to section 5.	Dates of Service (Date/Month/Year): From: <input type="text"/>  To: <input type="text"/>	Eligible for GI Bill: <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Not Sure
	Branch of Service: <input type="text"/>	<input type="text"/>

**Application for Admission (cont.)**

**Certification of Information**

**Non-Discrimination Clause**

Admission to the Center For Advanced Legal Studies is open to qualified individuals regardless of race, color, gender, sexual orientation, creed, age, national origin or disability.

Notification of Rights under the Family Educational Rights and Privacy Act (FERPA): Information collected about you through this application may be held by any institution of higher education to which you apply. With few exceptions, you are entitled on your request to be informed about the collected information. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to correct information held by an institution that is incorrect. You may correct information held by any institution to which you apply by contacting your institution. The information that is collected about you will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

If my application is accepted, I agree to abide by the policies, rules and regulations of the Center to which I am admitted. I certify that the information on this application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment and/or appropriate disciplinary action. I understand that officials of the Center will use the information submitted on this form to determine my status for residency eligibility. I authorize the Center to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Date

**Provide a brief statement indicating what you know about the paralegal profession, how you believe you will benefit from paralegal studies and a description of your dream job or how you intend to utilize your paralegal skills:**

