

CONCENTRATION REQUEST

Criminal Law Practice
Gender & Sexuality Law
International & Comparative Law Practice
Public Interest Practice
Transactional Law Practice

Student Name _____

ELECTIVE COURSES TAKEN FROM APPROVED LIST (total of 16 credits):

_____	<i>Credits</i>	<i>Semester</i>
_____	<i>Credits</i>	<i>Semester</i>
_____	<i>Credits</i>	<i>Semester</i>
_____	<i>Credits</i>	<i>Semester</i>
_____	<i>Credits</i>	<i>Semester</i>
_____	<i>Credits</i>	<i>Semester</i>
Skills Course _____	<i>Credits</i>	<i>Semester</i>
_____	<i>Credits</i>	<i>Semester</i>

TOTAL CREDITS _____

Student Signature

Date

Concentration Approval Granted _____
Associate Academic Dean *Date*