



THE LEADER IN GLOBAL EDUCATION

**FAIRLEIGH
DICKINSON
UNIVERSITY**

APPLICATION FOR ADMISSION
Paralegal Studies Program

PARALEGAL

SESSION OF INTEREST: Spring _____ YEAR Summer _____ YEAR Fall _____ YEAR
 Day Evening

LOCATION: College at Florham - Madison, NJ Metropolitan Campus, Teaneck, NJ

NAME _____ FORMER LAST NAME(S) _____
LAST FIRST MIDDLE (IF APPLICABLE)

SOCIAL SECURITY NO. - - DATE OF BIRTH _____ / _____ / _____
Month Day Year

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE (_____) _____

WORK TELEPHONE (_____) _____

E-MAIL ADDRESS _____

EDUCATION: List in chronological order all post-secondary education. Official Transcripts are required.

Check here if you are a Fairleigh Dickinson University graduate.

Institution	Dates Attended	Major	Degree	Dates Awarded	Overall GPA

HONORS AND AWARDS: _____

EXTRA CURRICULAR ACTIVITIES: _____

(Over)

EMPLOYMENT: List the last three years with most recent employer first.

EMPLOYER _____ DATES _____

ADDRESS _____

POSITION HELD _____

DUTIES _____

EMPLOYER _____ DATES _____

ADDRESS _____

POSITION HELD _____

DUTIES _____

PERSONAL STATEMENT

Please submit a statement of 100-200 words presenting your motivation for wanting to enroll in this program. Include any information regarding your background and qualifications which you would like us to consider in reviewing your application. Send the statement, all required application materials, including official transcripts and a \$25.00 non-refundable application fee payable to Fairleigh Dickinson University to:

PARALEGAL STUDIES PROGRAM
FAIRLEIGH DICKINSON UNIVERSITY
285 MADISON AVENUE, M-DH2-02 MADISON, NJ 07940
TELEPHONE: 973-443-8690 FAX: 973-443-8524

AFFIRMATIVE ACTION POLICY - No person acting within the scope of his or her authority and responsibility at Fairleigh Dickinson University shall discriminate on the basis of race, color, creed, sex, national origin, handicap, military status, or age.

Fairleigh Dickinson University reserves the right to cancel a program due to insufficient enrollment or to change schedules.

Signature _____ Date _____

Student Release Form

Please read and complete the following release carefully. Any waiver of your rights to privacy will be considered on-going and effective until revoked in writing by you.

The Family Educational Rights and Privacy Act of 1974 assures your right to keep confidential all the materials contained in your file and to control the release of those materials.

By signing this form, I, _____, allow for the release of my student file from _____ (school name). This information is needed to facilitate my application into the Paralegal Studies Program.

Print Name: _____

Signature: _____ Date: _____

If you have any questions please contact our office at (973) 443-8690. Please fax completed form to:

Fairleigh Dickinson University
Paralegal Studies Program
285 Madison Avenue M-DH2-02
Madison, NJ 07940
Fax: (973) 443-8524 Tel: (973) 443-8690