



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