

**APPLICATION FOR ADMISSION
MEDIATION AND DISPUTE RESOLUTION CERTIFICATE PROGRAM**

CAPITAL UNIVERSITY LAW SCHOOL

**303 E. Broad Street
Columbus, Ohio 43215**

TEL: 614-236-6310

FAX: 614-236-6970

E-MAIL: admissions@law.capital.edu

www.law.capital.edu/mediation/apply

Note: the complete application includes this form and a non-refundable \$35 fee. In addition, you must attach a personal statement (section III).

I apply for admission to the Capital University Law School **Mediation & Dispute Resolution Certificate Program**. I have enclosed/paid the non-refundable application fee.

I am applying for the: _____ Certificate in Dispute Resolution _____ Certificate in Mediation
Please indicate a choice even if you do not intend to pursue the full Certificate program at this time.

Term to Enter: Year _____ Fall _____ Spring _____ Summer _____

I. PERSONAL INFORMATION (please print)

1. NAME _____
First Middle Last

2. PERMANENT ADDRESS _____
Street Address

City State Zip

3. PHONE: HOME (_____) _____ CELL (_____) _____ WORK (_____) _____

4. E-MAIL ADDRESS: _____

5. SOCIAL SECURITY NUMBER: _____

II. EDUCATIONAL BACKGROUND

1. List education institutions attended (high school and above), with dates, major/degree, credit hours and grade point average.

Institution	Dates of Attendance	Major and Degree	Credit Hrs.	GPA
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. List all Mediation and Dispute Resolution courses/trainings **and dates**:

3. Have you ever been on probation, suspended, or dismissed from any education institution?
Yes _____ No _____ If yes, attach a statement with the name of the institution, action, date, and disposition.

III. PERSONAL STATEMENT: Attach a brief explanation of why you wish to enroll in the Certificate Program. Include your career and personal goals.

IV. EMPLOYMENT HISTORY, HONORS and MEMBERSHIPS /CERTIFICATIONS

1. Please list positions held during the past 5 to 10 years, as applicable (a resume or vita may be substituted):

Dates	Employer	Position	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. List academic / professional honors :

3. List Professional Memberships and/or Certifications in Mediation or Dispute Resolution:

V. REFERENCES: Attach or list the names and work phone numbers of two persons we may contact as references. You are welcome to submit letters of recommendation.

Name _____ Telephone _____

Address: _____

Name _____ Telephone _____

Address: _____

I certify that all of the information which I have supplied in this application is complete, accurate, and given for the purpose of having the Mediation & Dispute Resolution Certificate Program at Capital University Law School take action in reliance on it. I understand that an inaccurate or incomplete application may be the basis for denial of admission, and if I am admitted in reliance on inaccurate or incomplete information, this may be the basis for revocation of admission or dismissal from the Certificate Program. I understand that I have a duty to notify the Certificate Program Office of any change in my status, and that failure to do so may be the basis for a denial or revocation of admission, or dismissal.

(SIGNATURE OF APPLICANT)

(DATE)

Rev. 02/07