

For Office Use only
Date Rec'd:
Date Completed:

Updated 5/1/12

PARALEGAL CERTIFICATE NOTICE OF COMPLETION

To the Legal Studies Department

DUE: May 11, 2012 for Fall 2012/Winter 2013 graduates RETURN TO: Judy Gunnarson, GLC 133W or jgunnarson01@hamline.edu
December 14, 2012 for Spring/Summer 2013 graduates

This form serves as official notice to the Paralegal Certificate Program of your intent to complete a paralegal certificate. DUE DATE: This Notice of Completion must be received by the end of the semester prior to the semester of your completion **A \$25 late fee will be applied to your student account if it is received after the due date as noted above.** Review the form with your advisor during your final advising appointment.

Part I. BASIC INFORMATION

Name as you want it to appear on your paralegal certificate: _____

Hamline ID Number _____ Student Status: Post-Bacc Undergrad Transfer (check all that apply)

Program Start Date: _____ Graduation Semester: _____ Academic Advisor: _____

Part II. COURSE REQUIREMENTS

Please Note: No course in which the grade received was less than C- may be used toward certificate requirements. See your Advisor immediately for retake options. The average of all courses taken for the Paralegal Certificate must be 2.0 (C) or better.

A. REQUIRED COURSES

Course Title	Term, Year or "Transfer" notation (Ex: Fall 2009)	Course # (Check appropriate number)	Credits (Check appropriate credits)	Grade Leave blank if not yet received	Approved (Office use only)
Post-Baccalaureate Orientation (Spring 2010 or prior) OR Legal Systems in American Society		LGST 5000 LGST 1110	2 4		
Legal Research and Writing		LGST 1250	4		
Litigation and Trial Practice		LGST 3520	4		
Legal Studies Practicum		LGST 3990	4		

B. LEGAL SPECIALTY COURSES (MINIMUM OF 12 SEMESTER CREDITS)

Course Title	Term, Year	Course #	Credits	Grade Leave blank if not yet received	Approved (Office use only)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

C. ELECTIVE COURSES – 4 Semester Credits

Student selects at least 4 additional semester credits of additional legal specialty, law related or approved grad school courses.*

*Post-Bacs who took LGST 5000 must take a total of 6 additional semester credits of elective courses.

Course Title	Term, Year	Course #	Credits	Grade Leave blank if not yet received	Approved (Office use only)
1.					
2.					
3.					

D. PROGRAM ASSESSMENT: Your candid feedback is critical to our program’s success and is greatly appreciated. Please classify your ability as it relates to the program’s learning outcomes. Feel free to complete this section *after* meeting with your advisor and to make any appropriate comments.

BEGINNER: I am just beginning to apply this concept and need additional assistance to feel comfortable.

INTERMEDIATE: I am somewhat comfortable with this concept, but usually require additional assistance.

WORKING UNDERSTANDING: I am comfortable applying this concept, but may need additional assistance.

ADVANCED UNDERSTANDING: I can confidently apply this concept without additional assistance.

	Beginner	Intermediate	Working	Advanced
Ability to produce reasoned legal analysis				
Ability to demonstrate writing and speaking skills necessary to communicate in professional and academic legal settings				
Mastery of legal citation				
Knowledge of technology relevant to the legal profession				
Ability to locate primary and secondary legal sources using print and electronic tools				
Ability to fulfill legal and general ethical obligations in academic and professional settings				
Ability to evaluate legal issues in diverse cultural contexts				
Understanding of the work/role of a paralegal in the legal system.				

Comments: _____

D. INTERNSHIP: Each student must complete an appropriate paralegal internship. (**Leave blank if not known.**)

Name of internship site: _____ Site Supervisor: _____

Address: _____

Supervisor Phone: _____ Supervisor Email: _____

Dates of the internship: From: _____ To: _____

E. POST GRADUATION CONTACT: (DO NOT USE CURRENT HAMLINE CONTACT INFORMATION)

Email: _____ Preferred Telephone: _____

Mailing Address: _____

Student’s Signature

Date