

Aristotle University
 6185 Paseo del Norte, Suite #200B
 Carlsbad, California 92011
 760-929-5900 / 760-683-3187 (e-Fax)
 Paralegal Program: 951-402-2351
www.AristotleU.com
www.AristotleLaw.com



Aristotle University
 Aristotle University College of Law
 Aristotle University Institute of Law and
 Jurisprudence
 Aristotle University School of Public Health

Application For Admission
Aristotle University College of Law
Paralegal Certificate Training Program

*You may submit Supplemental Information as you deem necessary in support of your Admission
 via email or fax to:*

DeansOffice@AristotleLaw.com / TGionis@AristotleLaw.com or 1-760-683-3187 (e-Fax)

Name: _____ Last _____ First _____ Middle _____

Mailing Address: _____

Telephone: Day: _____ Evening: _____ Cell: _____

Email(s): _____

Gender: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

Citizenship: _____

Have you ever applied to or previously attended Aristotle University ? Yes No
 If Yes, When _____

Have you ever attended any other Paralegal education program ? Yes No
 If Yes, When _____ Name of School _____

Academic Information

List ALL educational institutions attended (after High School) in chronological order. Please have ALL of the prior schools you attended send Official Transcripts directly to the Aristotle University. Unofficial transcripts will considered only temporarily.

School / College / University	Location	Dates Attended	Total Units Completed	Degree Earned	Date Conferred	Major

Employment Record

Please list ALL previous employers for past ten (10) years; or submit Curriculum Vitae or Resume.

Dates of Employment	Employer's Name	Employer's Address	Employer's Telephone Number	Your Position

Personal Information

- (1). Married ___ Divorced ___ Widowed ___ Single ___ Separated ___
- (2). Prior conviction of any type: Explain (May attach explanation in Sealed envelope addressed to Dean, Aristotle University College of Law)
- (3). Prior Dismissal from any School? Explain in an Attachment
- (4). Special Circumstances you would like us to consider. Send As Attachment.
- (5). Ethnicity: ___ Am Indian ___ Black ___ Hispanic ___ Asian ___ Philipino ___ Caucasion ___ Other
- (6). Occupation: _____
- (7). Professional Licenses Held: _____
- (8). Submit Personal Statement As Attachment- Explain: What you like us to know about you?
Why you should be admitted ?
- (9). Submit CV As Attachment.
- (10). Submit Photo (jpeg via email)

Approvals

On May 1, 2007, the State of California, Bureau of Bureau for Private Postsecondary and Vocational Education (BPPVE), granted Aristotle University College of Law, a division of Aristotle University, the FULL FIVE (5) YEAR APPROVAL as a California private postsecondary degree-granting institution with full degree-granting authority in all subject areas requested by Aristotle University. The Aristotle University Paralegal Certificate Program is a hybrid vocational type of educational program which has not been accredited by, nor has applied for, accreditation by the American Bar Association. Any credits for classes obtained at Aristotle University may not be transferrable to other educational institutions.

I hereby accept the above terms.

I hereby make application for admission to the Aristotle University Paralegal Certificate Program. I understand all fees and tuition must be paid in full prior to graduation. I understand that all application materials which are sent to Aristotle University become the property of the University and shall not be returned.

X _____
Signature of Applicant

Date: _____