

Name _____
Last, First, Middle Former

Social Security Number _____

Date of Birth _____ Male Female E-mail Address _____
Month/Day/Year

Mailing Address _____
Number, Street, Apt., City, State, Zip

Permanent Address _____
Number, Street, Apt., City, State, Zip

Day Telephone (____) _____ Evening Telephone (____) _____ Cellular (____) _____

Anticipated Graduation Date _____

Include with this application:

- An unofficial transcript (applicants must have completed their first year of law school).
- A brief statement of approximately 250 words explaining why you want to participate in the program.
- A copy of your current resume.

List any international or comparative law courses taken:

Citizenship Status

- U.S. Citizen
- U.S. Permanent Resident
- Alien Registration Number *(please attach copy)*

- Other *(please specify)*

Predominant Cultural/Ethnic Background (voluntary) *(Please mark all that apply)*

- Hispanic¹/Latino (Any Race) White American Indian²/Alaskan Native Asian
- African American/Black Native Hawaiian/Other Pacific Islander Nonresident Alien
- Two or More Races Race and/or Ethnicity Unknown

¹ If Hispanic/Latino select national origin/ancestry:

- Chicano/Mexican American Cuban American Puerto Rican
- Other _____

² If American Indian, print tribal membership:

Cancellation Policy

The Boyd School of Law reserves the right, upon notice, to cancel the program. If the U.S. State Department declares New Delhi to be an "Area of Instability" or issues Travel Warnings for New Delhi, India, UNLV policies require the cancellation of the program. If cancellation occurs after the program begins due to the issuance of U.S. State Department Travel Warnings or declaration of New Delhi as an "Area of Instability," students shall receive a full refund of any monies advanced for the program with the exception of travel, room and board costs incurred prior to the cancellation. All enrollees and applicants will be notified immediately of any cancellation by telephone, mail, and e-mail addresses provided in their applications.

Individuals with Disabilities

The program's aim is to treat all participants equally and welcomes applications from people with disabilities. Individuals' needs are taken into account as far as possible, providing reasonable adaptations and assistance within the resources available. We ask that people let us know of any disability or special need (confidentially if required) so that we can help them participate as fully as possible.

I certify that the information provided in this application is complete and correct. I further certify that I will immediately notify the school should anything occur between now and matriculation which would cause me to change my answers to any question on this application. I understand that if subsequent evidence demonstrates that the information I have provided is not complete and correct, it may result in revocation of admission to the program. I understand that I am responsible for being familiar with and adhering to all academic regulations.

Signature of Applicant _____ Date _____