

CORPORATE COUNSEL CERTIFICATE

This form should be completed by November 1st for December graduation and by Feb. 16th for Spring and Summer graduation.

Please print **Full Name** _____

(As you want it on the Certificate)

Phonetic spelling (for Honors Convocation) _____

Expected graduation date _____

I certify that I have taken the following certificate courses (please circle the course(s) you took).

Courses		Credit Hours /Semester
1.	Corporations	
2.	General Counsel Applied Learning Course	
3.	Employment Discrimination <i>or</i> Employment Law Workshop <i>or</i> Labor Law <i>or</i> Disability Law <i>or</i> Civil Rights	
4.	Real Estate Transactions	
5.	Property	
6.	An Economics course (or waiver) Which course?	
7.	An Intellectual Property course Which course?	

Date _____ Signature of Student _____

Contact Information:

At Syracuse University:	Permanent Address:
Email:	
Phone:	
Mailing Address:	

Approved: _____
 Associate Director, Center for Property, Citizenship and Social Entrepreneurism
 Date: _____

Please return form to: Sheila Welch Suite 244