

FAMILY LAW & SOCIAL POLICY CENTER CERTIFICATE

This form should be completed and returned to the Center Executive Director in Room 287 between November 1st – November 15th for December graduation or between February 1st - February 15th for Spring and Summer graduations.

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 required courses:

Family Law – _____ Semester, _____ Year, _____ Professor
 (Fall/Spring/Summer) (Year Taken) (Prof. who taught the Course)

A Family Law and Social Policy Course that also fulfills the College of Law writing requirement - _____ Semester,
 (Course Name) (Fall/Spring/Summer)
 _____ Year Taken, _____ Professor (Who Taught Course)

Course Work: I certify that I have also taken, in addition to Family Law, the following four elective courses related to Family Law and Social Policy (one of the electives may be the writing req.):

	Name of Course Elective	Professor Name	Semester	Year	Credit Hours.
1.					
2.					
3.					
4.					

Date _____ Signature of Student _____

Please attach a current transcript issued by the registrar's office to this application.

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

Approved: _____
 Executive Director, Family Law & Social Policy Center Date: _____