

2009-2010 Application
ESTATE PLANNING 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:

Wills and Trusts – _____ Semester, _____ Year, _____ Professor
 (Fall/Spring/Summer) (Year Taken) (Prof. who taught the Course)

Estate and Gift Tax – _____ Semester, _____ Year, _____ Professor
 (Fall/Spring/Summer) (Year Taken) (Prof. who taught the Course)

Federal Tax I – _____ Semester, _____ Year, _____ Professor
 (Fall/Spring/Summer) (Year Taken) (Prof. who taught the Course)

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

Elective – _____
 (Fed Tax II -or- Elder Law -or- Lawyering Skills: Planning for the Non-Traditional Family)
 _____ Semester, _____ Year, _____ Professor
 (Fall/Spring/Summer) (Year Taken) (Prof. who taught the Course)

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: _____