

PERSONAL AND EMPLOYMENT INFORMATION

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		SURNAME	FIRST NAME	MIDDLE NAME	
PHONE (HOME)		PHONE (WORK)	E-MAIL		
FIRM/ORGANIZATION/EMPLOYER		AREA OF PRACTICE	TITLE		
ADDRESS		CITY	PROVINCE/STATE	POSTAL CODE	COUNTRY
YEAR OF CALL	JURISDICTION	BAR MEMBERSHIP NUMBER			

IF YOU PREFER THAT WE USE YOUR HOME ADDRESS FOR CORRESPONDENCE AND COMMUNICATION, PLEASE TICK HERE AND COMPLETE THE FOLLOWING

HOME ADDRESS	CITY	PROVINCE/STATE	POSTAL CODE	COUNTRY
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EDUCATIONAL HISTORY

Please list the post-secondary institutions attended (starting with the most recent).

1. Name and Location of Institution	Degree Conferred	From: Year/Month	To: Year/Month
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2. Name and Location of Institution	Degree Conferred	From: Year/Month	To: Year/Month
		/	/
3. Name and Location of Institution	Degree Conferred	From: Year/Month	To: Year/Month
		/	/

COURSE SELECTION

Please indicate the LLM course in which you wish to enroll.

1. Course Name and Title	Credit Value	Term (Fall, Winter, Summer)
2. Course Name and Title	Credit Value	Term (Fall, Winter, Summer)
3. Course Name and Title	Credit Value	Term (Fall, Winter, Summer)

STATEMENT OF INTEREST

Please describe your legal experience relevant to the LLM course(s) listed above and explain why you wish to audit this course.

Optional: If applicable, provide a link to your online profile or biography or e-mail your CV along with this application.[†]
If necessary, please use a separate sheet for additional information.

SIGNATURE

I hereby certify that all statements are correct and complete.	Signature Date (dd/mm/yyyy) / /	Applicant's Signature <input type="checkbox"/> This represents your signature.
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[†]When you press submit, this form will become an attachment to an e-mail where you can attach any additional relevant documentation.