



UNIVERSITY OF
TEXAS
ARLINGTON

**DIVISION FOR
ENTERPRISE
DEVELOPMENT**

Paralegal Certificate Program Application for Admission

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ Zip: _____

Work Telephone Number: _____ Home Telephone Number: _____

E-Mail Address: _____ Cell Telephone Number: _____

Employer Address: _____ City: _____ Zip: _____

Education

Check and indicate below the level completed.

Some College Associates Degree Bachelor's Degree Graduate Degree Professional Degree

College: _____ Date: _____ Hours: _____

Address: _____ City: _____ Zip: _____

College: _____ Date: _____ Hours: _____

Address: _____ City: _____ Zip: _____

Transcript to follow

Letter of Reference to follow

For Office Use Only

Application Fee Paid

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Arlington, TX 76019
Tel: 817-272-2581
Fax: 817-272-2556