

Application for Candidacy page 1

Please select program:

- Accelerated
 - Spring
 - Summer
 - Fall
- Part-time
 - Spring
 - Summer
 - Fall
 - Winter

How did you first hear about the Paralegal Program?

- | | |
|---|---|
| <input type="checkbox"/> UC San Diego Extension Catalog | <input type="checkbox"/> UCSD Extension email |
| <input type="checkbox"/> Paralegal Brochure | <input type="checkbox"/> Career Center |
| <input type="checkbox"/> Friend/Business Associate | <input type="checkbox"/> San Diego Union Tribune |
| <input type="checkbox"/> Former Student of Program | <input type="checkbox"/> Other Newspaper or Magazine |
| <input type="checkbox"/> UC San Diego Extension Website | <input type="checkbox"/> Other, please specify: _____ |

Instructions: The application must be typed or written legibly in ink and all questions must be answered. If the answer is "no" or "none" or if the question is "not applicable," please state so.

Application Fee: This application must be accompanied by a nonrefundable \$50 application fee. Make checks payable to UC Regents of the University of California. Visa, MasterCard, or Discover Card users—please provide account number, expiration date, and signature on reverse.

Mail to: University of California, San Diego, Paralegal Program, UCSD Extension, 6925 Lusk Blvd, San Diego, CA 92121.

UC San Diego Extension Paralegal Program Application

Name _____
Telephone number Home: _____ Alternate: _____
Address _____
E-mail address _____
Social Security Number _____ - _____ - _____

I. Experience

Employment and/or volunteer experience. List most recent first. Please indicate in each description the number of hours per week worked. Please fill out the form as indicated in the spaces provided.

1. Total years/months worked _____ Part time Full time
Dates of employment (month/year) From _____ To _____
Name/address of employer _____

Exact title of position _____
Description of work _____

Reason for leaving _____

2. Total years/months worked _____ Part time Full time
Dates of employment (month/year) From _____ To _____
Name/address of employer _____

Exact title of position _____
Description of work _____

Reason for leaving _____

3. Total years/months worked _____ Part time Full time
Dates of employment (month/year) From _____ To _____
Name/address of employer _____

Exact title of position _____
Description of work _____

Reason for leaving _____



II. College Education

1. Institution/address _____

Dates attended (month/year) From _____ To _____

Degree awarded _____ Major field _____ Overall GPA _____

If no degree awarded, units earned _____ Quarter units Semester units

2. Institution/address _____

Dates attended (month/year) From _____ To _____

Degree awarded _____ Major field _____ Overall GPA _____

If no degree awarded, units earned _____ Quarter units Semester units

3. Institution/address _____

Dates attended (month/year) From _____ To _____

Degree awarded _____ Major field _____ Overall GPA _____

If no degree awarded, units earned _____ Quarter units Semester units

Note: Please include a copy of your college transcript(s) with this application or arrange to have the transcript(s) forwarded as soon as possible.

III. References

List three people (other than relatives) who are familiar with your academic and/or work experience. Submit a letter of recommendation from each with this application.

1. Name/occupation _____

Address _____

Area code/phone number _____

2. Name/occupation _____

Address _____

Area code/phone number _____

3. Name/occupation _____

Address _____

Area code/phone number _____

IV. Statements

Please write one paragraph (50-75 words) in response to each question below. Responses will be reviewed for grammar, punctuation, and effectiveness of expression.

1. What is the job or activity that has been most satisfying to you, and what did you like most about it?

2. What are your objectives in applying to this paralegal program?

3. What is the most challenging problem you have ever faced, and how did you solve it?

Credit Card Payment

VISA DISCOVER MASTERCARD EXP. DATE _____ / _____

ACCOUNT NUMBER _____

AUTHORIZING SIGNATURE _____

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