

## Application for Candidacy

Please select which program:

- Full-Time  
 Part-Time

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.

**Application Fee:** This application must be accompanied by a non-refundable \$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 Application to,  
University of  
California, San Diego  
/Legal Assistant  
Training  
Program/UCSD  
Extension,  
0172B/9500 Gilman  
Drive/La Jolla, CA  
92093-0172.

How did you first hear about The Legal Assistant Training Program?

- UCSD Extension Catalog  
 Legal Assistant Training Brochure  
 Friend/Business Associate  
 Former Student of Program  
 UCSD Extension Web site  
 Career Center  
 San Diego Union-Tribune  
 Other Newspaper or Magazine  
 Other, please specify: \_\_\_\_\_

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### UCSD Extension Legal Assistant Training Program Application

Name \_\_\_\_\_

Telephone number Home: \_\_\_\_\_ Work: \_\_\_\_\_

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 \_\_\_\_\_

Please select which program

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