

Summer 2016 Application Form

First Name	Last Name	Middle Initial	
Social Security Number (Optional)/Hamline ID		Date of Birth (mm/dd/yyyy)	
Address	City	State	Zip
Email	Primary Phone		
Emergency Contact	Phone		

The information requested below is optional and will assist the School of Law in meeting federal reporting requirements. Thank you for your assistance.

Gender:

- Male Female

Are you Hispanic or Latino?

- No, not Hispanic or Latino.
 Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Tribal affiliation and enrollment number _____
- Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American: a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Citizenship status:

- U.S. Citizen
Permanent Resident: Number _____

Visa type (if applicable) _____

How did you hear about the Health Law Institute course offerings? (Check all that apply)

- Postcard Website Word of Mouth Twitter Previously enrolled
- Other: _____

Summer 2016 Application Form (continued)

Please indicate the course for which you are registering:

- HIPAA Privacy Medical Marijuana Law Health Care Compliance Institute

A. Students

- I am a degree-seeking law student in good standing enrolled at: _____ I am a degree-seeking graduate student in good standing at: _____

School Name	Anticipated Graduation Date		
School Address	City	State	Zip

Included with this application:

- Letter from law or graduate school reflecting good standing and permission to take course(s)
 Resume
 \$150 nonrefundable tuition deposit per course*

B. Other Professionals

- I am a professional applying for admission to audit Mitchell Hamline School of Law summer courses.

Position	Employer	
Last college, university, graduate, or professional school attended	Dates Attended	Degree Awarded

Included with this application:

- Resume
 A transcript indicating completion of undergraduate or graduate degree. (Photocopy of transcript is acceptable.)
 \$150 nonrefundable tuition deposit per course*

Please check the appropriate boxes:

- I am taking the course(s) and can expect to be billed \$1,450 per academic credit
 I am auditing the course(s) and can expect to be billed \$650 per academic credit

Signature	Date
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Make checks payable to: Mitchell Hamline School of Law

Send all materials and fees to:

Kari McMartin, Health Law Institute
Mitchell Hamline School of Law
875 Summit Avenue
Saint Paul, MN 55105

Questions?

Call Kari McMartin at 651-695-7675 or email at kari.mcmartin@mitchellhamline.edu.

* Only applicants who do not secure a seat in the course will be refunded the tuition deposit.