**Dispute Resolution**Institute



## Certificate in Conflict Resolution

## **Application Form**

Applicants for admission to the Certificate Conflict Resolution Program must have received a bachelor's degree from an approved college or university.

Name

Last	First	Middle	Middle			SSN or Date of Birth	
Address							
treet		City	State		Zip		
Email	Pre	ferred phone					
A. Students							
I am a degree-seeking law student in good standing currently enrolled at				name of law school			
am a degree-seeking student	t in good standing currently enrol	led at					
				name of grac	duate school		
school street address	city		state	zip a	anticipated gradu	ation date	
3. Attorneys am a licensed attorney applyi	ing for admission to Mitchell Ham	nline School of Law as a spo	ecial student.				
aw School attended							
Graduation Date	State and Yea	State and Year of Bar Admission					
C. Other Professional wish to apply for admission to	S o Mitchell Hamline School of Law	as a special student.					
ist colleges, universities, grad	luate, and professional schools at	tended:					
Current Employer							
Address							
state			city	\$	state	zip	
	.) Official transcript/s (Photocopies of tirectly to Dispute Resolution Institute,			for tentative	consideration.)		
certify that the information ir school of Law shall rely on the	n the above application is correct information given.	to the best of my knowled	ge and belief, a	and I intend	that Mitchell I	Hamline	
			_				