

NOTICE OF INTENT FORM

DISPUTE RESOLUTION CERTIFICATE PROGRAM

DATE: _____

STUDENT NAME _____
(Please Print)

STUDENT ID # _____

ANTICIPATED GRADUATION DATE _____

It is my intention to pursue the requirements for the Certificate in Dispute Resolution.

I understand that I will contact the Law School Registrar if I decide to withdraw from the Dispute Resolution Certificate Program.

My signature below certifies my intention to pursue the certificate indicated above and that if this intention changes I will notify the Law School Registrar prior to my last semester.

SIGNATURE: _____