



DISABILITY LAW AND POLICY PROGRAM
SYRACUSE UNIVERSITY COLLEGE OF LAW

CERTIFICATE IN DISABILITY LAW AND POLICY APPLICATION FORM

Please print Full Name: _____ Expected Graduation Date: _____

I certify that I have taken:

1. Disability Law (3 credits); and
2. Advanced Disability Law (3 credits) or International and Comparative Disability Law (3 credits); and
3. At least one (non-law) graduate level disability-related course (3 credits) or the Disability Rights Clinic, or a disability related externship, (or Advanced Disability Law or International and Comparative Disability law, if not already counted as a required course.)

Name of course _____

4. At least two College of Law elective courses [course name, credit hours, semester/year, professor]

Elective #1: _____

Elective #2: _____

5. Capstone Project: title and brief description (which also may be the writing requirement paper)

6. Writing Requirement: In addition, I have completed the College of Law writing requirement in an approved disability law-related course or on a disability law topic in an elective course, with approval of the Director. Student must earn at least a B on this research paper.

Name of course and writing requirement paper topic: _____

Student Address at Syracuse University:

Permanent Address:

Email: _____

Phone: _____

Signature of Student: _____ **Date:** _____

Approved by Director, Disability Law and Policy Program _____

Date: _____

**Please return signed form and a copy of your official transcript to:
Chris Ramsdell, 311 Dineen Hall; 443-9542; ceramsde@law.syr.edu**