



MASTER OF LAWS APPLICATION FOR ADMISSION

Fall 20_____ Spring 20_____ Day Evening

PERSONAL INFORMATION

Name: _____
Mr./Ms./Dr. Last Name First Name Middle Initial

Date of Birth: //
Month / Day / Year

Social Security #: --

Place of Birth: _____

Citizenship: U.S. Other _____

Permanent Address:

Current Address: Good Until ____/____/____
If different from permanent

Street

Street

City

City

State

Zip

State

Zip

E-mail Address: _____

Current Telephone: _____

Current Occupation: _____
If applicable

Employer: _____
If applicable

Business Telephone: _____
If available

Business E-mail Address: _____
If available

How did you learn about Touro? _____

Law Degree: _____ Dates of Study: _____ to _____

Law Degree Granting College or University: _____
Please insure that official transcripts are forwarded to Touro Law Center.

Undergraduate Degree: _____ Dates of Study: _____ to _____

Undergraduate Degree Granting College/University: _____

STATISTICAL INFORMATION

Gender: M F Marital Status: Single Married Divorced Widowed Other _____

Ethnic Description: Please indicate the box which best describes your ethnicity.

American Indian / Alaskan Native

Canadian Aboriginal

Puerto Rican

Asian / Pacific Islander

Caucasian / White

Other Hispanic

Black / African-American

Chicano / Mexican-American

Other _____

The information on gender, marital status, and on ethnicity is not required and need not be provided; it is used primarily for statistical purposes. Please refer to the Law Center's Non-Discrimination Policy.

PROFESSIONAL INFORMATION

List prior legal employment or attach a résumé.

<i>Name, Address, & Telephone</i>	<i>Dates</i>	<i>Position Held</i>

Bar Memberships: Jurisdiction _____ Date Admitted _____

Jurisdiction _____ Date Admitted _____

Professional Memberships/Affiliations: _____

PERSONAL HISTORY

If you answer “yes” to any of the following questions, please provide a complete explanation on a separate sheet.

Has your license to practice law ever been subject to revocation or suspension? Yes No

Have you received a military discharge under other than honorable conditions? Yes No

Have you ever been arrested for, pleaded guilty to, been found guilty of, or been convicted of any criminal offense, either as a minor or as an adult, other than a minor traffic violation? Yes No

If your record was sealed or expunged, pursuant to applicable law, you are not required to answer “yes.”

Any offense involving alcohol or controlled substances must be disclosed.

Are there any criminal charges, other than minor traffic violations, pending against you? Yes No

Any pending charge involving alcohol or controlled substances must be disclosed.

On a separate sheet, please submit a personal statement explaining your reasons for seeking an LL.M. The personal statement should be typed, double-spaced, and one to two pages in length.

I certify that the statements made in this Application for Admission to Touro College Jacob D. Fuchsberg Law Center are complete and accurate. I shall inform the Office of Admissions promptly if there is any change in the information provided. I understand that omission or misrepresentation of facts on this Application may be cause for denial of my admission or for dismissal after enrollment. I understand that action on this Application is within the sole discretion of the Committee on Admissions and that its decision is final.

Signature of Applicant _____

Date _____

**Touro College Jacob D. Fuchsberg Law Center
225 Eastview Drive, Central Islip, NY 11722**

Phone: (631) 761- 7010 ▪ Fax: (631) 761-7019 ▪ E-mail: admissions@toulaw.edu



APPLICATION FEE PAYMENT VOUCHER

Your application **will not** be processed until the Admissions Office receives the \$60.00 application fee. Please return this form with payment to the address below or fax (*credit card only*) to the number below.

Applicant's Name _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

I wish to pay Touro Law Center's \$60.00 application fee via (check one):

Personal check / Money Order payable to "Touro Law Center"

Credit Card (*VISA or MasterCard only*). Please complete payment section below.

Card Type (check one): VISA MasterCard

Credit Card Number (16 digits): ---

3-Digit Verification Code (found on the back of card):

Expiration Date (month/day/year): //

Name exactly as it appears on the card _____

Credit Card Holder's Name and Address (if different from Applicant):

Name _____ Telephone # _____

Address _____

City _____ State _____ Zip _____

I authorize Touro Law Center to charge my \$60.00 application fee to the above credit card.

Signature of Cardholder: _____

PLEASE MAIL THE COMPLETED FORM AND CHECK TO:

**Touro Law Center
Office of Admissions
225 Eastview Drive
Central Islip, NY 11722**

OR FAX (*credit card payments only*) THE COMPLETED FORM TO: FAX #: (631) 761-7019

QUESTIONS: Please call (631) 761-7010

Thank you for applying to Touro Law Center!