

ADVANCED TRIAL PRACTICE APPLICATION FORM

Please request a letter of recommendation from the professor with whom you studied Trial Practice. If the professor prefers, or if you are currently in a Trial Practice class, your professor may contact Professor Kramer by phone at 631-761-7127 or by email at lkramer@tourolaw.edu.

Submit this form to the Registrar's Office.

Last Name: _____ First: _____

Touro Law Center ID#: _____ Division: Year: 2 3 4 F/T – P/T LL.M.

Address: _____
(Number) (Street)

(City) (State) (Zip Code)

Telephone Number: _____ Email: _____

I request consideration for acceptance into the Advanced Trial Practice class for the
Fall Spring Summer 20__ semester.

I understand that by submitting this request, I agree to commit to the time and effort necessary to prepare to be an informed, contributing member of this class. I agree to work diligently and respectfully with partners and/or members of groups to which I may be assigned.

Please summarize your reason for requesting a seat in this class:

When you receive notice that you have been accepted into the class, you must complete a drop/add form to add the course to your schedule.

Student Signature: _____ **Date:** _____

Professor: **Accepted** **Denied**

Signature: _____ **Date:** _____