



**APPLICATION FOR CONCENTRATION IN
ELDER/HEALTH CARE LAW**

Please Print.

Name: _____

ID Number: _____

Address: _____

Phone: _____

I have completed ____ semesters in law school and have the standing of a ____ L.

Anticipated graduation date _____.

I will attempt completion of the Elder/Health Care Law Concentration requirements.

At this time, I have or intend to complete the following course requirements with a minimum cumulative GPA of 2.5:

<u>Sem.</u>	<u>Year</u>		<u>Sem.</u>	<u>Year</u>	
_____	_____	441 Administrative Law (3 cr.)	_____	_____	486 Law & Health Care Pro. (2-3 cr.)
_____	_____	487 Elder Law (3 cr.)			

minimum of 6 cr. hrs. selected from the following courses:

_____	_____	404 Corporate Finance (2-3 cr.)	_____	_____	413 Fed. Est. & Gift Tax (2 cr.)
_____	_____	439 Trusts & Estates (3-4 cr.)	_____	_____	488 Sel. Topics: Elder Law (2 cr.)
_____	_____	495-M Med. Malpractice (2 cr.)	_____	_____	530 Business Planning (3 cr.)
_____	_____	531 Estate Planning (2 cr.)	_____	_____	651 Pretrial Skills (3 cr.)

I intend to satisfy one of the practical skills requirement:

<u>Sem.</u>	<u>Year</u>	
_____	_____	664 KK Rush Presbyterian (Chicago) 1-5 cr.
_____	_____	664 V Methodist Hospitals (Gary) 2-5 cr.
_____	_____	664 X Legal Services Older Adult (South Bend) 2-5 cr.
_____	_____	664 Y Senior Law Project (Indianapolis) 2-5 cr.
_____	_____	665 B1 & 2 Legal Services Older Adult (South Bend) 6-15 cr.
_____	_____	665 R1 & 2 Rush Presbyterian (Chicago) 6-15 cr.

I intend to complete the scholarship requirement of a paper as an independent project or in a related seminar (1-3 cr.):

_____ Sem. _____ Year

I have read the Registrar's requirement listing and the handout of Additional Information regarding course sequencing, availability, and pre- and co-requisites for an International Trade and Development Concentration. I understand that it is my responsibility to plan my course schedule and enroll in the courses as outlined and enroll in any pre- or co-requisites necessary to complete the concentration.

Student: _____
Signature

Date

Faculty Sponsor: _____
Signature