

10. List all colleges and universities attended, including professional schools (Law, Medicine, etc.)

Name and Location	Degree (if any)	Dates of Attendance
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NOTE: An official record/transcript of all undergraduate, graduate, and professional work must be sent directly to Program Coordinator, Center for Health Law Studies.

11. Law School Class Rank _____

12. Please answer each of the following questions by checking Yes or No. If your answer to any question is Yes, you must submit a full statement of the relevant facts on additional pages stapled to this form.

Yes No

- A. Have you applied, been admitted or enrolled previously at this University?
- B. Has there ever been an interruption of one or more terms in your education for any reason?
- C. Have you ever been placed on probation, suspended, dismissed or subject to disciplinary action of any type by any college or university?
- D. Have you ever been subject to professional disciplinary action of any type?
- E. Have you ever been convicted of a crime other than a minor traffic violation or a juvenile offense?
- F. Are there any criminal charges pending or expected to be brought against you?

13. OPTIONAL Response to the following question is optional.

How did you learn about the LL.M. Program in Health Law at Saint Louis University School of Law (check all that apply):

- University Professor SLU Admissions Staff Relative Law Forum
- SLU Law Student SLU Alumni Friend Visit to Campus
- SLU Law Alumnus SLU Internet site SLU mailing Other

14. Two letters of recommendation must be submitted. The letters should be from individuals familiar with your academic or professional performance and must be sent directly to the Program Coordinator, Center for Health Law Studies. Indicate in the space below, the names and addresses of those individuals who will submit a letter of recommendation.

Name	Address
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Name	Address
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15. List the names, addresses, and telephone numbers of two additional references who are familiar with your academic or professional work and whom we may contact.

Name	Address	Telephone
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Name	Address	Telephone
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16. Please include a personal statement about the reasons you are applying to the LL.M. Program in Health Law including: a) your career plans and your expectations as to how this program will enhance or contribute to your plan; and b) any special factors, achievements, problems, plans, explanations or other matters you think might be helpful to the committee in acting upon your application in comparison with other qualified candidates for admission.
17. Please submit a resume/curriculum vitae which includes all professional work experience, publications, honors, awards, etc.
18. If English is not your primary language, have you taken the Test of English as a Foreign Language (TOEFL)? If English is your primary language, skip to the Signature Section below.

No, I have not taken TOEFL but plan to do so _____.
Month/Year To Be Taken

Yes, I have taken TOEFL. _____
Month/Year Taken Score

(Note: Students, for whom English is not the primary language, must take the TOEFL and have the official results sent directly to the Program Coordinator, Center for Health Law Studies.)

Important
You must sign this application below.

To the best of my knowledge, the information given above and by attachment is true, complete and accurate. I understand that misrepresentation of facts on this application or at any time during the admission process will be cause for refusal of admission, cancellation of admission, suspension from the University, or other disciplinary action by the School of Law. By signing this application, I agree to abide by the policies and regulations of the University.

Signature of Applicant

Date

PHOTO
Please attach a 2" X 2"
(5cm X 5cm)
portrait photo here
(black & white or color)
Optional at the time of
application.
All matriculants are required
to submit a portrait
prior to orientation
and registration.

An applicant's file is **COMPLETE** when the school has received:
(Please note, there is no application fee required.)

- * Completed LL.M. Program in Health Law Application
- * Transcript from each post secondary school attended by applicant
- * Two letters of recommendation
- * Personal statement
- * Resume/curriculum vitae which includes all professional work experience, publications, honors, awards, etc.
- * For applicants who do not speak English as primary language, a TOEFL score.

Financial Aid Information

Saint Louis University School of Law awards scholarships to incoming LL.M. students based on outstanding academic credentials, exceptional career achievements and need. Students can apply for scholarships by separate letter accompanied by a statement of the applicant's income and other financial resources. Applicants for scholarships are considered within several weeks of admission to the LL.M. Program in Health Law. In addition to scholarships administered by the School of Law, students can explore other financial avenues to attend the LL.M. Program in Health Law by contacting the School of Law's Financial Aid Planner at (314) 977-3369.

Mail to:

Program Coordinator • Center for Health Law Studies • Saint Louis University School of Law
3700 Lindell Blvd. • St. Louis, MO 63108
Any Questions? Contact the Program Coordinator (314) 977 - 3067 or Assistant Director (314) 977 - 8176,
or e-mail the Center: healthlaw@slu.edu.