health | law
INSTITUTE

January Term 2013 Application Form

First Name Last Name Middle Initial

Social Security Number (Optional)/Hamline ID Date of Birth (mm/dd/yyyy)

Address City State Zip

Email Primary Phone

Emergency Contact Phone

*The information requested below is **optional** and will assist the School of Law in meeting federal reporting requirements.*
Thank you for your assistance.

Gender:

☐ Male ☐ Female

Are you Hispanic of Latino?

☐ No, not Hispanic of Latino.

☐ Yes, Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

In addition, select one or more of the following racial categories to describe yourself:

☐ American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Tribal affiliation and enrollment number _____

☐ Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ Black or African American: a person having origins in any of the black racial groups of Africa.

☐ Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

☐ White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa

Citizenship status:

☐ U.S. Citizen

Permanent Resident: Number _____

Visa type (if applicable) _____

How did you hear about the Health Law Institute course offerings? (Check all that apply)

☐ Brochure ☐ Website ☐ Word of Mouth ☐ Twitter ☐ Previously enrolled

☐ Other: _____

HAMLINE UNIVERSITY
School of Law

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January Term 2013 Application Form (continued)

Please indicate the course(s) for which you are registering:

☐ HIPAA Privacy (2 law school credits) ☐ Fraud & Abuse (2 law school credits)

A. Students

☐ I am a degree-seeking **law** student in good standing enrolled at: ☐ I am a degree-seeking **graduate** student in good standing at:

School Name Anticipated Graduation Date

School Address City State Zip

Included with this application:

☐ Letter from law or graduate school reflecting good standing and permission to take course(s)
☐ Resume
☐ $150 nonrefundable* tuition deposit per course

B. Attorneys

☐ I am an **attorney** applying for admission to Hamline University School of Law for January courses.

Position Employer

Law School Dates Attended Degree Awarded

Included with this application:

☐ Resume
☐ $150 per course nonrefundable tuition deposit*

C. Other Professionals

☐ I am a **heath care professional** applying for admission to Hamline University School of Law for January Term courses.

Position Employer

Last college, university, graduate, or professional school attended Dates Attended Degree Awarded

Included with this application:

☐ Resume
☐ A transcript indicating completion of undergraduate or graduate degree. (Photocopy of transcript is acceptable.)
☐ $150 per course nonrefundable tuition deposit*

Please check the appropriate boxes:

☐ I am taking the course(s) and can expect to be billed $1,200 per academic credit
☐ I am auditing the course(s) and can expect to be billed $600 per academic credit

Make checks payable to: Hamline University School of Law

Send all materials and fees to:
Kari Winter, Health Law Institute
Hamline University School of Law
1536 Hewitt Avenue, MS-D2017
Saint Paul, MN 55104-1237

Questions? Call Kari Winter at 651-523-2130 or email at kwinter03@hamline.edu

***Only applicants NOT accepted into the Institute will be refunded the tuition deposit.**

Signature Date

HAMLINE UNIVERSITY School of Law