

## **Summer 2014 Application Form**

First Name	Last Name		Middle Initial	Middle Initial		
Social Security Number (Optional)/Hamline ID			Date of Birth (mm/dd/yyyy)			
Address		City	State	Zip		
Email			Primary Phone	Primary Phone		
Emergency Contact			Phone			
The inform	nation requested below is <b>optional</b> and Tha	will assist the School c		orting requirements.		
Candan		you jo! you! assista				
Gender:  Male	Female					
Are you Hispanic of Lati	no?					
No, not Hispanic of L	atino.					
Yes, Hispanic or Latin or origin, regardless	no: a person of Cuban, Mexican, Chicar of race.	no, Puerto Rican, South	n or Central American, or oth	er Spanish culture		
In addition, select one o	r more of the following racial categor	ies to describe yourse	lf:			
	Alaska Native: a person having origins i nerica), and who maintains tribal affilia			nerica		
Tribal affiliatio	n and enrollment number					
	ng origins in any of the original peoples odia, China, India, Japan, Korea, Malays			_		
Black or African American: a person having origins in any of the black racial groups of Africa.						
Native Hawaiian or C	Other Pacific Islander: a person having	origins in any of the or	iginal peoples of Hawaii, Gua	m, Samoa, or other Pacific Islands		
White: a person have	ing origins in any of the original people	es of Europe, the Midd	e East, or North Africa			
Citizenship status:						
U.S. Citizen						
	sident: Number plicable)					
How did you hear about	the Health Law Institute course offer	rings? (Check all that a	oply)			
<del>_</del>	Website Word of Mouth	Twitter	Previously enrolled			
Other:				$\mathbf{H}$		
☐Please send me inf	ormation about on-and off-campus	housing				

School of Law



## Summer 2014 Application Form (continued)

Please indicate the course(s) for which you are registering	:					
Health Care Compliance Summer Institute	Elder Law					
Biotechnology Policy	Health Care Fraud & Abuse					
A. Students						
I am a degree-seeking <b>law</b> student in good standing enrolled at:	I am a degree-seeking gradu	ate 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)						
State   State						
B. Attorneys						
☐I am an <b>attorney</b> applying for admission to Hamline University School of Law for summer courses.						
Position	Employer					
Law School	Dates Attended De	egree Awarded				
Included with this application:						
☐Resume ☐\$150 nonrefundable tuition deposit per course*						
C. Other Professionals						
C. Other Professionals						
I am a <b>heath care professional</b> applying for admission to Hamline University School of Law for summer courses.						
Position	Employer					
Last college, university, graduate, or professional school attended	Dates Attended De	egree Awarded				
Included with this application:						
Resume						
A transcript indicating completion of undergraduate or graduate degree. (Photocopy of transcript is acceptable.)						
Please check the appropriate boxes:						
I am taking the course(s) and can expect to be billed \$1,260 per academic credit						
I am auditing the course(s) and can expect to be billed \$630 per academic credit						
Make checks payable to: Hamline University School of Law		Questions? Call Kari McMartin at 651-523-2130 or email at				
Send all materials and fees to:	kmcmartin02@hamline.edu					
Kari McMartin, Health Law Institute  Hamline University School of Law  1536 Hawitt Avenue MS D2017  *Only applicants NOT accepted into the Institute refunded the tuition deposit.						
1526 Howitt Avenue MC D2017	returiueu irie tuition depos	JIL.				

HAMLINE UNIVERSITY School of Law

Signature Date

Saint Paul, MN 55104-1237