

APPLICATION LEGAL STUDIES - INTERPRETER PROGRAMS

SELECT PROGRAM(S):

Court Interpreter I: Language of Justice Court Interpreter Program
Court Interpreter II: Practice and Skills Training Program
Community, Healthcare, and Legal Interpreting

FAMILY NAME/LAST NAME		SOCIAL SECURITY NUMBER (required, if you have one)	
GIVEN NAME/FIRST NAME		MIDDLE NAME	
PERMANENT ADDRESS			
CITY, STATE, ZIP CODE		HOME TELEPHONE	
LOCAL OR BUSINESS ADDRESS		CELL TELEPHONE	
CITY, STATE, ZIP CODE		BUSINESS TELEPHONE	
E-MAIL PERSONAL		ALTERNATE EMAIL THAT YOU CHECK FREQUENTLY	
DATE OF BIRTH: MONTH, DAY, YEAR	PLACE OF BIRTH: CITY, STATE, COUNTRY	ARE YOU A RESIDENT ALIEN?	YES NO
ARE YOU A U.S. CITIZEN? YES NO	STATE OF LEGAL RESIDENCE		
IF YES, PROVIDE RESIDENT NUMBER			

NATIVE LANGUAGE _____ OTHER LANGUAGES _____ _____	OPI SCORE _____ OR OPI EQUIVALENCY (please describe) (required for Community, Healthcare, and Legal Interpreting class only) _____ _____
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GENDER AND ETHNICITY INFORMATION Answering the following questions is optional and will not affect consideration of your application. Delaware Law uses this information for statistical purposes only.

(OPTIONAL) MALE FEMALE

(OPTIONAL) ARE YOU A MEMBER OF A MINORITY GROUP? YES NO IF YES, PLEASE IDENTIFY THE GROUP:

ACADEMIC INFORMATION Please list all schools attended for COLLEGIATE, GRADUATE, AND PROFESSIONAL EDUCATION

SCHOOL	FROM:	MAJOR	G.P.A.	DEGREE
	TO:			
SCHOOL	FROM:	MAJOR	G.P.A.	DEGREE
	TO:			

How did you hear about these programs?

NOTE: ANY FALSE OR MISLEADING STATEMENT, INCOMPLETE OR INACCURATE INFORMATION IN THIS APPLICATION MAY CAUSE YOU TO BE DENIED ADMISSION, OR IF ADMITTED, TO BE DISMISSED FROM WIDENER UNIVERSITY DELAWARE LAW SCHOOL.

In accordance with the Family Educational Rights and Privacy Act of 1974, your personal information will be used only by office personnel and university officials and will not be released to third parties without your written consent. Widener University Delaware Law School does not discriminate on the basis of color, race, national origin, ancestry, sex, disability, religion, age, sexual orientation, or veteran status in its educational programs, employment programs, or activities

If this application is accepted, I agree to abide by the rules and regulations of Widener University Delaware Law School.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED
ON THIS APPLICATION AND ANY ATTACHED MATERIALS
IS TRUE AND COMPLETE.

SIGNATURE

DATE

EMAIL THIS APPLICATION TO: delawarelawGICLS@widener.edu

Include resume and one letter of recommendation.

*For Community, Healthcare, and Legal Interpreting program only,
OPI score, or equivalency, is required.*

QUESTIONS? Call 302-477-2780