

LOYOLA UNIVERSITY CHICAGO SCHOOL OF LAW

Application for Certificate in Tax Law
for J.D. Students

Today's Date: _____ **Graduation Date:** Month: January __ May __ Year: _____

Name: _____
(Please print your name exactly as you would like it to appear on the Certificate.)

Student ID Number: _____ **Month/Year Began Loyola J.D.** _____

Required Certificate Courses: Please fill-in the blank lines below. Please note that you **MUST** complete, and earn a cumulative grade point average of at least 3.0 in, all the following courses to receive the Certificate.

	Semester/Year Taken	Grade Earned
Federal Income Tax	_____	_____
Corporate & Partnership Tax	_____	_____
Advanced Corporate Tax	_____	_____
Estate & Gift Tax	_____	_____
Tax Audits, Procedure & Ethics	_____	_____

Signatures:

By student applicant: _____ **Date** _____

Students must have this form signed by Professor Kwall or Professor Rhodes before submitting this form to the Registrar's Office at the graduation interview.

By tax law faculty member: _____ **Date:** _____

By law school registrar: _____ **Date** _____

Certificate produced by: _____ **Date** _____