




 COLLEGE OF LAW



Gov. M. Cuenco Ave., Banilad, Cebu City 6000 Philippines • Fax No. (6332) 505-4978 Trunkline (6332) 233-8888 loc 103

STUDENTS APPLICATION FORM

Law Apprenticeship Program

Name: _____ Phone: _____

Home Address: _____

E-mail: _____

Organization: _____

Business Address: _____

Supervising Lawyer: _____ Phone: _____

E-mail: _____ Fax No: _____

I, _____, would like to apply as an apprentice for the duration of _____, starting _____ to _____ at the _____ under _____.

(Name of the Organization)

(Supervising Lawyer)

I am attaching a copy of the application letter addressed to the above stated organization/firm with the endorsement of the Dean or his authorized representative, having accepted in _____.

I further certify that I have met the qualifications as candidates in the Apprenticeship Program.

Date

Signature