



TELEPHONE NUMBERS WHERE APPLICANT CAN BE CONTACTED: OFFICE: \_\_\_\_\_

FAX: \_\_\_\_\_ HOME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NEXT OF KIN/EMERGENCY CONTACT: \_\_\_\_\_ TEL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SEX: MALE ( ) FEMALE ( )

DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YY

COUNTRY OF BIRTH \_\_\_\_\_ COUNTRY OF PERMANENT RESIDENCE \_\_\_\_\_

CITIZENSHIP \_\_\_\_\_

**SECTION B – Educational Background**

**QUALIFYING LAW DEGREE**

NAME OF INSTITUTION THAT AWARDED DEGREE	FULL-TIME (FT) PART-TIME (PT) EXTERNAL(E)	START DATE (YEAR)	DATE OF ACTUAL OR ANTICIPATED PASSING (YEAR)	DEGREE AWARDED (IF ALREADY AWARDED)	
				LL.B <input type="checkbox"/>	J.D. <input type="checkbox"/>
				1 <sup>ST</sup>	<input type="checkbox"/>
				2.1	<input type="checkbox"/>
				2.2	<input type="checkbox"/>
				3 <sup>RD</sup>	<input type="checkbox"/>
				PASS	<input type="checkbox"/>
				ORD	<input type="checkbox"/>

**OTHER DEGREES**

NAME OF INSTITUTIONS THAT AWARDED DEGREES	FULL-TIME (FT) PART-TIME (PT) EXTERNAL(E)	SUBJECT OF DEGREE OR NATURE OF OTHER QUALIFICATION	START DATE (YEAR)	DATE OF GRADUATION (YEAR)	CLASS OF DEGREE IF ALREADY AWARDED	
					1 <sup>ST</sup>	3 <sup>RD</sup>
					1 <sup>ST</sup>	<input type="checkbox"/>
					2.1	<input type="checkbox"/>
					2.2	<input type="checkbox"/>
					3 <sup>RD</sup>	<input type="checkbox"/>
					PASS	<input type="checkbox"/>
					ORD	<input type="checkbox"/>

**POST GRADUATE QUALIFICATIONS**

NAME OF INSTITUTIONS THAT AWARDED QUALIFICATIONS	FULL-TIME (FT) PART-TIME (PT) EXTERNAL(E)	START DATE (YEAR)	DATE OF ACTUAL OR ANTICIPATED PASSING (YEAR)	QUALIFICATION

**SECTION C – Declaration**

I confirm that I have read the Information Sheet and certify that the information given by me is to the best of my knowledge true, complete and correct. I understand that any misrepresentation or material omission of fact on this or any other documents required from me by the Council of Legal Education may be considered as constituting grounds for disciplinary measures..

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

DATE RECEIVED: \_\_\_\_\_

DECISION/ REMARKS: \_\_\_\_\_

ACTION: \_\_\_\_\_

SECRETARY: \_\_\_\_\_

DATE: \_\_\_\_\_