

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 ST		3 RD	
				2.1		PASS	
				2.2		ORD	

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 ST	3 RD		
					1 ST		3 RD	
					2.1		PASS	
					2.2		ORD	

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: _____