Health Law Concentration
Writing Requirement Certification

Student Name _____ ID # _____

I have chosen to satisfy this requirement by completing a paper in:

Course _____

Instructor _____ Date Completed _____

Student Signature: _____ Date _____

For Concentration Director:

I certify that the above named student has fulfilled the Concentration Writing Requirement with the paper submitted for the specified course.

Director Signature: _____ Date: _____

SUBMIT COMPLETED FORM TO OFFICE OF STUDENT AFFAIRS, SUITE 450.