

# LL.M. NOTICE OF SPECIALIZATION COMPLETION



Suffolk University Law School  
Office of Academic Services  
120 Tremont Street, Boston, MA 02108

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Name	ID Number	Degree Date	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State	Zip

I have completed all necessary elements of the specialization\* in

as follows:

Course	Term	Credits
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

*\* A completed form must be submitted for each specialization.*

I understand the LL.M Academic Director will determine whether I have satisfied the requirements necessary to earn a specialization in the LL.M. program.

<input type="text"/>	<input type="text"/>
student's Signature	Date

*Please submit this form to the Office of Academic Services at least 30 days prior to your anticipated graduation date.*