



VERMONT SUPREME COURT
OFFICE OF ATTORNEY LICENSING
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JUD.ATTYLICENSING@VERMONT.GOV

Law Office Study Program Registration

I Identification and Contact Details

1. Name:
2. Date of Birth:
3. Email:
4. Cell/Mobile Phone:
5. Mailing Address:

II Eligibility (You must check all boxes to be eligible.)

- I am a citizen of the United States or an alien lawfully present in the United States.
- I am at least 18 years of age.
- I am of good moral character and fitness.
- I have earned a bachelor's degree from _____ on _____ and I have arranged for that college/university to send an official transcript documenting that degree to the Office of Attorney Licensing.

III Credit for Prior Legal Study (Select one.)

- I am not requesting credit for prior legal study.
- I am requesting ____ year(s) of credit for prior legal study. I have reviewed Rule 7(e) of the Rules of Admission and have attached documentation to establish that this prior legal study satisfies the requirements of that Rule.

IV Supervising Judge/Attorney

Name of Supervising Judge/Attorney: _____
License Number of Supervising Judge/Attorney: _____
Date of Commencement of Study with Judge/Attorney: _____

V Certification and Signature

By signing and submitting this Registration, I am certifying that I have carefully arranged with my supervising judge/attorney a systematic course of study to prepare me for the general practice of law, including, but not limited to, the subjects tested on the Uniform Bar Examination and related Vermont law.

I am also certifying that the representations herein are true and accurate to the best of my knowledge and belief and that I have not omitted any information that is reasonably responsive or related to the information requested. I understand that if any of the representations herein are false, I will be subject to the penalty of perjury.

Signature: _____

Date: _____