



VERMONT SUPREME COURT
OFFICE OF ATTORNEY LICENSING
32 CHERRY STREET, SUITE 213
BURLINGTON, VT 05401
ATTYLICENSING@VTCOURTS.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 attached a letter detailing my request for credit and how my prior legal study satisfies the requirements of Rule 7(e) of the Rules of Admission, along with any necessary documentation.

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: _____