



**New York University**  
*A private university in the public service*

School of Law  
Office of Records and Registration

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## GRADUATE STUDENT REQUEST FOR CERTIFICATION OF CLE CREDIT

Name of Student: \_\_\_\_\_

NYU Identification Number: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Please list the Title of Each Course(s) for which CLE certification is sought and indicate the semester in which you took each Course below:

Course Title and Course Number:

Semester:

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Please mail my certification to the following address:

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