

THE CENTER FOR  
ESTATE PLANNING

LEE-FORD TRITT  
DIRECTOR

**ESTATE PLANNING CERTIFICATE PROGRAM  
ENROLLMENT FORM**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

UF ID: \_\_\_\_\_

Email: \_\_\_\_\_

Local Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Date you entered the Levin College of Law: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_

Please list any **concentration area** courses you have completed (include the semester, year and grade).

Course Name	Semester/Year	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please describe any experience you have in the estates and trusts practice area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a copy of your current resumé to this form*

**→ Please return this form to Lena Hinson, 342 Holland Hall ←**