

INDIANA JUDICIAL COLLEGE MASTER'S CERTIFICATE PROGRAM

Notification of Participation

I hereby notify the Indiana Office of Court Services that I wish to participate in the **Indiana Judicial College Master's Certificate Program**. By submitting this notice, I am acknowledging that I am a graduate of the Indiana Judicial College. I further acknowledge that I have successfully completed the Graduate Program for Indiana Judges or that I will complete the Graduate Program while participating in the Master's program.

Name _____

Court _____

Date _____

Please Return This Form To:

Indiana Office of Court Services
Judicial Education Department
30 South Meridian Street, Suite 900
Indianapolis, IN 46204-3564
Tel: 317 232-1313 • Fax: 317 233-3367