

# 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  
251 N Illinois Street, Suite 800  
Indianapolis, IN 46204  
Tel: 317 232-1313 • Fax: 317 233-3367