

**MARQUETTE UNIVERSITY LAW SCHOOL
LAW SCHOOL APPLICATION COPY REQUEST**

NAME: _____
(Please print)
(Surname at time of graduation if different: _____)

YEAR OF GRADUATION: _____

- Please provide me with a copy of my Marquette University Law School Application.
- Please provide me with a copy of my personal statement(s).
 - Created as a PDF and e-mailed to _____
 - Printed and mailed to:

Physical Signature Required

Date

Please return the completed form to the Student Affairs Office, Eckstein Hall, Room 238; via fax (414.288.6403); or via PDF (stephanie.danz@marquette.edu).

Please allow one (1) business day for processing.

Office Use Only

Date Copied _____ *Initials* _____