

**MARQUETTE UNIVERSITY LAW SCHOOL
REQUEST FOR CERTIFICATE OF GRADUATION**

NAME: _____

(Please type or print)

(Surname at time of graduation if different: _____)

YEAR OF GRADUATION: _____

I am applying for admission to the State Bar of _____.

- Please send a Certificate of Graduation to:
*(Please indicate whether it should be sent to you, or to the Board of Bar/Law Examiners,
and the appropriate address.)*

Signature Required (electronic signature not accepted)

Date

Please return the completed form to the Student Services 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* _____