## MARQUETTE UNIVERSITY LAW SCHOOL

**INFORMATION FORM**

**2019 - 2020**

1. Name

 Last First Initial

2. MUID#

1. Address at which you can be contacted after May 31, 2019:

Street

 City State Zip

 E-mail: Phone:

1. For the **2019-2020 academic year,** I will be

 A full time second year student A full time third year student A part time student\*

\*If part time, number of credits completed after Spring Semester 2019: \_\_\_\_\_\_\_\_\_\_

1. Undergraduate Institution:
2. Undergraduate Major:
3. High School: ­­­­­­­­­­­­

1. Hometown:
2. Military Service:
3. Has anyone in your immediate family received a law degree (whether from Marquette or elsewhere)

\_\_\_\_\_\_\_ yes \_\_\_\_\_\_\_\_ no

1. Areas of Practice Interest:

1. Pro Bono Activities in which you are involved:

**Please note: Information on this form and the accompanying resume may be shared with selected Law School scholarship donors.**