

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

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Name: \_\_\_\_\_

MUID No.: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

*\*Please select hard copy **OR** PDF, not both. Thank you.*

- Please provide me with a copy of my Marquette University Law School Application.
  - Printed and available for pick-up
  - Created as a PDF and e-mailed to my Marquette e-mail account
  
- Please provide me with a copy of my personal statement(s).
  - Printed and available for pick-up
  - Created as a PDF and e-mailed to my Marquette e-mail account

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Signature

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Date

**Please return completed form to the Assistant Registrar in the Student Services Office, Room 238. Please allow 24 hours for processing.**

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*Office Use Only*

*Date Copied* \_\_\_\_\_ *Initials* \_\_\_\_\_