

Marquette University Law School
Academic Success Program Form

Name: _____

MUID#: _____

Credit for:

Sitting in on 1L course _____
Name of Course & Professor

Conducting ASP session _____
Name of Course & Professor

Semester

Fall Spring Summer

Year _____

Signature

Please return this form to Dean Thomson in the Student Services Office, Room 238

Office Use Only

Section Assigned _____ *Class #* _____ *Term* _____