

MARQUETTE UNIVERSITY LAW SCHOOL
CERTIFICATE OF GRADUATION WITH AUTHORIZATION

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.)

- ☐ I also authorize Marquette University Law School to supply any requested Character and
Fitness information to said Board of Bar/Law Examiners on my behalf.

Signature Required (electronic signature not accepted)

Date

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

Please allow three (3) business days for processing. Note that processing times may be delayed
during busy periods during the academic year.

Office Use Only

Date Processed _____

Initials _____