

Marquette University Law School
Graduate Assistant Form

Please see *Law School Academic Regulations* Section 502 before completing this form.

Name: _____

MUID#: _____

Faculty Supervisor: _____ Number of Credits: _____

Semester

Fall

Spring

Summer

Year _____

Number of credits completed prior to the semester in which you plan to enroll in
Graduate Assistant: _____

Signature

**Please return this form to the Law School Registrar, Student Services Office,
Room 238.**

Office Use Only

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