

**Marquette University Law School**  
Request for Student Practice Certification

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

MUID#: \_\_\_\_\_

By signing my name below, I acknowledge that I must meet the following requirements to be certified for student practice under Wisconsin Supreme Court Rule 50.01. I understand that my request will be denied if I do not meet **all** of the below criteria for certification:

- Currently enrolled at Marquette University Law School in good standing
- Have completed the first-year curriculum with grades of D (or S) or above
- Require student practice certification for a qualifying externship, supervised field placement, pro bono program, or other work covered under SCR 50.01 (2).

Signature: \_\_\_\_\_

Date

**Please return to the Student Affairs Office, Room 238. Your certification will be ready for pickup within 24-48 hours.**

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*Office Use Only*

*Processed by:* \_\_\_\_\_ *Date:* \_\_\_\_\_