Marquette University Law School
Request for Student Practice Certification

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.

Office Use Only

Processed by: ________ Date: ________