

The John Marshall Law School

J.D. Application to Graduate ♦ May 2011

Fax/drop off signed form to Academic Services Office, room 301 ♦ Fax (312) 427 - 2922

Due Friday, March 11, 2011

JOINT STUDENTS, GRADUATING WITH BOTH DEGREES, MUST ALSO FILL OUT LL.M. FORM

1. Please fill in the following information:

Name as you want it to appear on diploma: _____

Gender: Male Female

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Non-JMLS Email: _____

(John Marshall e-mail address expires 6 months after graduation)

2. Will you be attending the ceremony? Yes No

3. Will you be writing the Illinois Bar Exam? Yes If not which state bar will you be writing: _____

4. Do you anticipate receiving a J.D. certificate in one of the following concentrations: *Intellectual Property Law, Elder Law, Trial Advocacy, or Alternative Means of Dispute*. If so, please contact the appropriate office to submit an application for a certificate.

5. Did you participate in any of the following activities? Please circle below the highest position held:

Decisive Utterance: EIC / Editor

JCIL: EIC / Ed. Board Member / Staff Editor / Members

Law Review: EIC / Ed. Board Member / Staff Editor / Staff Members

Moot Court Board: Chief Justice / Executive Justice / Associate Justice / Council Members

RIPL: EIC / Ed. Board Member / Staff Editor / Members

SBA : Executive Board Position _____

Trial Ad & Dispute Resolution: Presiding Barristers / Board of Barristers / Council Members

6. Please list any student organizations you participated in at John Marshall:

Organization: _____ Position held: _____

Organization: _____ Position held: _____

7. Please list any relative(s) who graduated from John Marshall:

Name: _____ Relationship: _____ Graduation Year (if known): _____

8. You will receive one free diploma. If you would like to order additional diplomas, please request in writing to the Academic Services Office, room 301. Include a check to The John Marshall Law in the amount of \$40.00 for each additional diploma requested.

I authorize John Marshall to print my name in the commencement program. I verify that I completed this form truthfully, to the best of my knowledge.

Signature: _____ Date: _____

Return this form to Room 301 or fax to (312) 427 – 2922

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