

The John Marshall Law School
LL.M./M.S. Application to Graduate ♦ May 2007
Return to Academic Services Office ♦ Room 301 ♦ Fax (312) 427 - 2922

Due March 9, 2007

1. Please fill in the following information:

Name as you want it to appear on the diploma: _____

Gender: Male Female

Permanent Address: _____

Phone: _____ Non-JMLS Email: _____

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

2. Do you plan to attend the Commencement ceremony? Yes No

3. Please list any family members/relatives who graduated from John Marshall:

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

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

4. You will receive one free diploma. If you would like to order **additional** diplomas, please indicate quantity below:

Quantity: _____ *Your JMLS account will be billed \$40 per additional diploma*

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 signed & dated form to Academic Services

Drop Off: Room 301 Fax (312) 427 - 2922

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