

The John Marshall Law School
APPLICATION FOR VISITING OR UNCLASSIFIED STUDENT STATUS

Please print clearly. Return completed application to The John Marshall Law School, Admission Office, 315 S. Plymouth Ct., Chicago, IL 60604.

When do you plan to attend The John Marshall Law School?

Please check all that apply:

- Summer 200 ____
 Fall 200 ____
 Spring 200 ____

Do not write in this space:

Application received No. _____
Date: _____
Date Completed: _____

This application will be given formal consideration only upon receipt of:

- w \$60.00 application fee (not to be waived).
- w Letter from the Dean of your law school authorizing you to enroll for course(s).
- w If you are an attorney, please furnish an official law school transcript showing your degree.

PLEASE TYPE OR PRINT IN INK

1. Full Name: _____
Last First MI

2. Social Security Number: _____

3. Sex: _____ Male _____ Female

4. Date of Birth: _____
Month/Day/Year

5. Place of Birth: _____
City/State or Country

6. Ethnic Designation:

- 1. American Indian/Alaskan Native
- 2. Black/Afro American
- 3. Caucasian/White
- 4. Chicano/Mexican American
- 5. Hispanic
- 6. Asian/Pacific Islander
- 7. Puerto Rican
- 8. Other _____

7. If you are a citizen of a foreign country, what is your visa status? _____

8. Present Mailing Address:

Address _____
City, State, Zip Code _____
Home Phone _____
Work Phone _____

9. Permanent Home Address(address where you can always be reached):

After what date should we use this address? _____

Address _____
City, State, Zip Code _____
Home Phone _____
e-mail address _____

10. Summary of Academic Training

Name of Law School _____

Dates of Attendance _____ J.D. to be conferred _____

J.D. was conferred _____

I understand and agree that the omission, misrepresentation or concealment of any significant fact in any statement may be considered sufficient reason for refusal of admission or expulsion after admission.

Date _____ Signature of Applicant _____

(unsigned applications will be returned)