



# THE JOHN MARSHALL LAW SCHOOL

## Request to Re-Enroll

1. Full name:
2. JMLS ID number:
3. Program of study:  
 J.D.                       LL.M.                       M.S./M.J.
4. Current phone number:
5. Current email address:
6. Current mailing address:
7. Date you matriculated/initially enrolled at JMLS in your current degree program:
8. Date of last attendance at JMLS:
9. Did you receive a scholarship while you were enrolled at JMLS? If so, please indicate the type of scholarship and the amount awarded.
10. For which semester or term are you seeking to return?
11. Are you seeking to return on a full-time or part-time basis?  
 Full time                       Part time
12. Are you or will you be seeking a waiver from the degree time completion requirements? See <http://www.jmls.edu/policy/pdf/student/time-limits-degree-completion.pdf>.  
 Yes                       No                       Not certain

Please provide your anticipated graduation semester and year:

Semester (Spring/Fall/Summer):

Year:

If yes, please provide a detailed written statement regarding the extraordinary circumstances that would support extending your enrollment past the maximum time limit. We suggest you contact the Vice Dean for Academic Affairs before completing this statement. For J.D. students, please note ABA Standard 311(b): *“law school shall require that the course of study for the J.D. degree be completed no earlier than 24 months and, except in extraordinary circumstances, no later than 84 months after a student has commenced law study at the law school or a law school from which the school has accepted transfer credit.”*

13. Reason(s) for leaving JMLS: Please check all that apply:

- Academic dismissal from JMLS
- Other academic issue(s) at JMLS
- Disciplinary proceeding at JMLS
- Employment opportunity
- Medical
- New parent
- Financial
- Other

If you checked medical, please provide a letter from your treatment provider(s). Each letter should provide the treatment provider’s credentials to conduct the evaluation and give an opinion about whether you are able to return to law school; indicate whether the treatment provider saw you in person; whether the treatment provider is continuing to provide treatment; whether continuing treatment is required for you to be able to function as a full-time (or part-time) law student; whether you are able to function as a full-time (or part-time) law student without treatment; and whether the treatment provider considers we need to be aware of any safety concerns related to your return. Each letter should be on the treatment provider’s office letterhead, dated, and signed by the

treatment provider. If the condition involved an addiction issue, you must also provide us with a copy of your treatment plan, if one exists. In addition, you must sign a consent or release of information form to allow law school representatives to speak with each treatment provider who provides a statement regarding your fitness to return. The law school's consultant will review those assessments to determine if he or she agrees.

The law school reserves the right to request that your treatment provider complete additional forms or provide additional information to allow us to assess your fitness to return and complete the program of study. Also, the law school reserves the right to ask you to see an independent medical provider or counselor, at the law school's cost, for a second opinion regarding please provide a clearance letter from a medical provider of record.

If you checked "other," please describe the circumstances in detail.

The law school reserves the right to request that you provide additional information or documentation regardless of the reason(s) you checked.

Please note that if you were academically dismissed, to return you must submit a petition to the faculty Academic Affairs Committee, via the Registrar's Office, and then have that petition granted.

**14. During the period you were not enrolled at JMLS, please check any that apply:**

- I was enrolled at another educational institution. If yes, please provide the name of the institution and arrange for a transcript to be sent to the JMLS Registrar's Office.
- I was terminated or involuntary separated from any employment. If yes, please provide the name and contact information for the employer(s) and basis for the termination.
- I lost a professional license, such as a CPA license. If yes, please provide the details and relevant documentation.
- I was discharged from the military on an-other-than-honorable or dishonorable basis. If yes, please provide relevant documentation.
- I was arrested for, charged with, or convicted of a crime. If yes, please provide complete information about the basis for the arrest, charge, or conviction, and provide all documents that reflect the basis for the arrest, charge, or conviction and the status of any open or closed matter.

15. Please carefully review your initial application for admission to JMLS and provide any necessary amendments, including documentary support. If you need a copy of your application, please contact the JMLS Registrar's Office. Please review the following policy regarding amendments:

<http://www.jmls.edu/policy/pdf/student/amendments-admission-application.pdf>

I do not have any amendments to my application for admission.

I am providing amendments to my application for admission.

16. Please provide any other information related to your request to reenroll:

On my honor, the information provided above is true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I am providing my digital signature and authorization by checking this box and including my full name

Full Name:

Date: