



HOWARD UNIVERSITY SCHOOL OF LAW
 OFFICE OF ADMISSIONS
 2900 Van Ness Street, N.W.
 Washington, DC 20008
 (202) 806-8008 / 9 • Fax (202) 806-8162

College Certification

Please print clearly

The first five lines of the questionnaire are to be completed by the applicant. This questionnaire is to be given to **any administrative officer** in charge of student records at the **undergraduate** college from which a baccalaureate degree has been or will be received. Howard University School of Law will maintain the strict confidentiality of this document.

Name _____ SSN _____
First Middle Last

Current Address _____
Number and Street

_____ (_____) _____
City and State Zip Code Evening Telephone

Permanent Address _____
Number and Street

_____ (_____) _____
City and State Zip Code Telephone

Access Waiver

I have requested that this form be completed for use in the admissions process to Howard University School of Law.

- I waive access to this report. The report must be sent directly by the school completing the form.
- I do not waive access to this report. The results of this questionnaire will be made available to a student who has not agreed to this waiver if he or she enrolls as a student at Howard University School of Law.

_____ Applicant Signature Required _____ Date

To Be Completed By The Institution Conferring The Baccalaureate Degree

Both the candidate and Howard Law School will appreciate **prompt completion** of this form. The applicant's file cannot be completed until this form is received. Please return this form as soon as possible by mail or fax it directly to HUSL, at 202-806-8162.

Institution Completing Certification _____ Dates of Attendance: From _____ To _____

1. Is the applicant currently attending your institution? Yes No
 If yes, is the applicant in good standing? Yes No
 If "no," please explain. _____

2. Has the applicant been the subject of disciplinary action for misconduct or of academic censure for deficient scholarship? Yes No
 If "yes," please explain _____

Applicant's current cumulative GPA _____ Date of Graduation or Expected Date of Graduation _____

Name _____ Position _____

Signature _____ Date _____