



HOWARD UNIVERSITY SCHOOL OF LAW  
 OFFICE OF ADMISSION  
 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 confidentiality of this document.

Name \_\_\_\_\_ SSN \_\_\_\_\_  
First Middle Last

Current Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ (\_\_\_\_)  
City and State Zip Code Evening Telephone Number

Permanent Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ (\_\_\_\_)  
City and State Zip Code Telephone Number

### 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 the 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 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 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 \_\_\_\_\_