

Office of the Registrar STUDENT REQUEST FORM

ALLOW 24 HOURS FOR PROCESSING!!

Please check below to indicate the information that is needed, the date of the request and your requested completion date. <u>PLEASE PRINT</u> the information legibly and sign at the bottom. (Your request will NOT be processed without your signature!) <u>Be sure to include the middle initial of your name</u> as that is the way you are listed in the computer!

					
(Check one!)		1L	2L	3L	LL.M./S.J.D
OR GRADU	ATION YEAR		OR YR LAST A	TTENDED	
WAKE FOR	PEST ID# (if cu	rrent student	<i>t</i>)		
DATE SUB	MITTED				
REQUESTE	ED COMPLETI	ON DATE			· · · · · · · · · · · · · · · · · · ·
	Copy of WFU L	aw School A	pplication		
	Copy of LSDAS	S report, incl	uding LSAT scor	re	
	LSAT score ON	NLY			
	Enrollment cer	tification (wi	ill you pick-up?	Yes No)	
	Other (explain)				
Instructions	•				
Signature: _					

SUBMIT COMPLETED FORM VIA FAX TO 336-758-4362 OR E-MAIL TO lawregistrar@wfu.edu