

# GEORGETOWN UNIVERSITY LAW CENTER

Please request that the Registrar's Office at your law school complete this form and send it directly to:

## Graduate Admissions

600 New Jersey Avenue, NW, Room 589  
 Washington, DC 20001-2075  
 Fax: (+1) 202-662-9439  
 E-mail: lawllmadmis@georgetown.edu

### To be completed by Applicant:

Memorandum to Registrar:

Mr./ Ms.  
 is an applicant to the Georgetown University Law Center Graduate School as a candidate for the degree of

(Applicant, please specify program)

### WAIVER OF ACCESS

I have requested that this appraisal form be filed by

\_\_\_\_\_  
 Name of Registrar  
 \_\_\_\_\_  
 Title  
 \_\_\_\_\_  
 Country\*

For use in the admissions process and in counseling by officials of Georgetown University Law Center: The Family Educational Rights and Privacy Act of 1974 (FERPA), gives an enrolled student the right to future access to any recommendations provided. If you waive this right, we will preserve the strict confidentiality of this document. In accordance with FERPA (please check one):

- I waive access to this report. Shall be considered confidential.
- I do not waive access to this report. Non-confidential.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by Registrar:

1. Please state the dates of applicant's enrollment in your institution: \_\_\_\_\_
2. Degrees awarded and Dates: \_\_\_\_\_
3. Language of Instruction: \_\_\_\_\_
4. Date of Approval by the American Bar Association (U.S. Law Schools Only) \_\_\_\_\_

5. Please provide yearly average and rank in class, if available:

	AVERAGE / SCALE	RANK/ CLASS SIZE	Averages given are:
First Year	_____	_____	<input type="checkbox"/> Cumulative
Second Year	_____	_____	<input type="checkbox"/> Non-Cumulative
Third Year	_____	_____	
Fourth Year	_____	_____	

Ranks given are:  
 Cumulative  
 Non-Cumulative

Please note whether this individual graduated with academic honors:

6. Please attach a copy of the applicant's transcripts/academic record (not required for international applicants registered with the LSAC LL.M. Credential Assembly Service).

Has the applicant ever been the subject of disciplinary proceedings?

Please include any additional facts concerning this individual that are relevant to this application.

Name \_\_\_\_\_ Position \_\_\_\_\_

School Name and Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_