

GEORGETOWN UNIVERSITY LAW CENTER

Juris Doctor Program

Committee on Admissions
600 New Jersey Avenue, NW, Room 589
Washington, DC 20001-2075
(202) 662-9010 | lawspecialprograms@georgetown.edu

TRANSFER CERTIFICATION FORM SPRING / FALL 2020

This certification is used primarily for record-keeping purposes and is not intended to serve as a required recommendation. The form should be given to a law school official with access to the school’s official records. This official need not know the applicant personally. **The applicant should complete the first two sections of the form.**

Mr. Ms. Dr. Other _____

Last Name	First Name	Middle Name	Maiden/Former Name	
Address		City	State	Zip
Present Day Number		Present Evening Number		
Cellular Number		Email		
Date of Birth		LSAC Account Number		

WAIVER OF ACCESS

I understand that this form will be 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 form.

In accordance with FERPA: I waive access to this form. I do NOT waive access to this form.

Signature of Applicant	Date
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TO BE COMPLETED BY A COLLEGE/LAW SCHOOL OFFICIAL WITH ACCESS TO THE SCHOOL’S OFFICIAL RECORDS

Please affix university stamp or seal to this form and return to Georgetown University Law Center at the address above.

Is the applicant currently in attendance at your institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the applicant in good standing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the applicant been the subject of disciplinary action or proceedings of academic censure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please give the applicant’s current cumulative GPA and rank in class (if available): _____

GPA	Rank
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If you have additional information which you feel may be helpful to our Admissions Committee when considering the application of the above named student, please feel free to provide this in an attachment.

Signature of Administrative Official	Date
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Name and Title of Administrative Official (please print)	Present Day Number	Email
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