## GEORGETOWN UNIVERSITY LAW CENTER

## FALL 2025 EARLY ASSURANCE DEAN'S CERTIFICATION FORM - GEORGETOWN JUNIORS ONLY

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 Georgetown University college official with access to the school's official records from the academic college from which a baccalaureate degree will be awarded. This official need not know the applicant personally. However, if the official is familiar with the applicant, he or she should feel free to submit a separate letter of recommendation with this form. The applicant should complete the first two sections of the form.

| Last Name   | First Name  | Middle Name                                  |                   | Previous Name           | es                       |  |
|---|---|--|-------------------|-------------------------|--------------------------|--|
| GU ID Number  | Date  | Date of Birth                                |                   |                         |                          |  |
| Cellular Number   |   | Other Phone Numbe                            | r                 |                         |                          |  |
| Name/Title of person Comple                                       | eting Certification   |  |                   |                         |                          |  |
| School at Georgetown  |   | Dates of Attendance at Georgetown University |                   |                         |                          |  |
| Major Subject   |   |  | Degree Expected   |                         |                          |  |
| Educational Rights and Privac                                     | rill be for use in the admissions pro-<br>cy Act of 1974 (FERPA) gives an en<br>e strict confidentiality of this form<br>I waive access to th | rolled student the right to fu               |                   | y recommendat           |                          |  |
|   |   |  | Date              |                         |                          |  |
| TO BE COMPLETED BY A COLL   | EGE/LAW SCHOOL OFFICIAL WITH  | ACCESS TO THE SCHOOL'S O                     | FFICIAL RECORDS   |                         |                          |  |
| Is the applicant cur  | ution?  | Yes  | No                | If No, please explain.  |                          |  |
| Is the applicant in g   |   | 🖬 Yes  | 🗖 No              | If No, please explain.  |                          |  |
| Has the applicant b of academic censur                            | ion or proceedings  | Yes  | 🗖 No              | If Yes, please explain. |                          |  |
| Please give the applicant's cu                                    | rrent cumulative GPA and rank in  | class (if available):                        |                   |                         |                          |  |
| Please provide the applicant's SAT and/or ACT scores:             |   |  | GPA               |                         | Rank                     |  |
| ·····   |   |  | SAT               |                         | ACT                      |  |
| If you have additional information student, please feel free to p | ation which you feel may be helpf<br>rovide this in an attachment.  | ul to our Admissions Commi                   | ttee when conside | ering the applica       | ation of the above named |  |
| Signature of Administrative C                                     | Official  |  |                   |                         | Date                     |  |

Name and Title of Administrative Official (please print)

Present Day Number

Email

## Please send the completed form to lawspecialprograms@georgetown.edu.