Florida State University College of Law

Office of Admissions

425 West Jefferson Street, Tallahassee, Florida 32306

Phone: 850-644-3787 Fax: 850-644-7284

Visitor Admission Certification Form

(GUBERNATORIAL FELLOWS DO NOT COMPLETE THE VISITING APPLICATION - SEE APPLICATION INSTRUCTIONS ONLINE)

Applicant Information

| Last Name | First Name | Middle Nam | ie | Maiden/Former Name |
|---|---|----------------------|-----------|--|
| LSAC Account Number | | Phone Numb | per | |
| Address | | City/State | | Zip |
| E-mail | | | | |
| a copy of your institutions grad | ding scale and policies. | Place office or un | niversity | hool's official records. Please inclu stamp or seal to this document whe mail to admissions@law.fsu.edu. |
| Name of current law school: | | Dates of attendance: | | |
| Is the applicant currently in attend | dance at your institution? | ○Yes | ○ No | |
| Is the applicant in good standing? | , | ○Yes | O No | If No , please attach explanation |
| Has the applicant been the subject proceedings for academic or code attending your law school? | | ○ Yes | ○ No | If Yes , please attach explanation |
| Please provide the applicant's GPA & Rank for Term | | class (if applicab | | out of PA Rank |
| Number of credits approved as Term(s) and year(s) approved a Minimum letter grade or nume | as a visiting student: | | _ | |
| If known, please indicate if the Florida. | ne student has applied f | or or been award | ed an in | ternship or clerkship in Tallahasso |
| Applied for Internship/Clerksh | $_{ m hip:}$ $\bigcirc_{ m Yes}$ $\bigcirc_{ m No}$ $\bigcirc_{ m U}$ | Jnknown | Award | ded: OYes ONo OUnknown |
| Internship/Clerkship Name and | d Length of Time: | | | |
| Print Name of Law School Off | ficial Completing Certification | cation Title | | |
| Signature of Law School Office | ial Completing Certifica | tion Date | | |
| E-mail | Phone | | | |