

College of Arts and Sciences
Law School/Transfer Dean's Certification Questionnaire
for students in the College of Arts and Sciences

Name: _____ 10-digit ID Number: _____

Local Address: _____

Local Phone Number: _____ E-mail address: _____

Date of or expected date of graduation: _____

Important:

On each form you are submitting, please sign the waiver and fill out the top portion.

Certification forms will be completed as soon as possible **within ten business days**.

Name of School	Application Deadline	The certification should be . . . (Please circle one)	Address the certification should be sent to
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	

For internal use by the College of Arts and Sciences:

GPA: _____ Rank (if graduated): _____

Approximate Rank (if not graduated) based on previous year's class: _____

Disciplinary record per Student Ethics Office: Yes / No Initials: _____ Date: _____

Please return completed form to:
College of Arts & Sciences Academic Assistant Deans' Office, Kirkwood Hall 012
130 S. Woodlawn Avenue, Bloomington, IN 47405
Phone: (812) 855-8245 Fax: (812) 855-2060