

Spessard L. Holland Law Center, 141 Bruton-Geer, P.O. Box 117622
Gainesville, FL 32611-7622

PLEASE COMPLETE AND ENCLOSE WITH OFFICIAL TRANSCRIPT

RECEIPT DEADLINES: FALL JULY 15TH
 SPRING (JAN) OCTOBER 1ST
 SUMMER (MAY) MARCH 1ST

LAW SCHOOL NAME: _____

STUDENT NAME: _____

SOCIAL SEC NUMBER: _____

LSAC ACCT. NUMBER: _____ L _____

DATES OF ATTENDANCE: _____ to _____

Completed required full-time first year curriculum? (circle) YES NO

Is the above named student in good standing, and eligible YES NO
to return as a continuing student? (circle)

CLASS RANK AT END OF FIRST YEAR: _____

NOTATIONS: _____

Student Signature: _____ Date: _____

Registrar Signature: _____ Date: _____