UF Levin College of Law UNIVERSITY of FLORIDA TRANSFER CERTIFICATION FORM Office of Admissions 182 Holland Hall P.O. Box 117622 Gainesville, FL 32611-7622 This form *and* an official transcript showing all 1L grades must be received in our office before your application will be deemed complete and forwarded for review. To be completed by the **Student** (sign and date below) Law School Name: Student Name: _____ LSAC Acct. Number: L To be completed by the Registrar (sign and date below) Dates of Attendance: ______to _____to 1) Has this student completed the required full-time first-year curriculum? Yes _____ No _____ 2) Is this student in good standing, and eligible to return as a continuing student? No _____ Yes _____ 3) Student's class rank: At the completion of 1L curriculum _____ Any additional comments re: class rank _____ Student Signature: _____ Date: _____ Registrar Signature: _____ Date: _____ Phone: (352) 273-0890 Fax: (352) 392-4087 Email: admissions@law.ufl.edu