Transcript Request & Certification Form

Office of Graduate Programs
65 Elizabeth Street
Hartford, Connecticut 06105-2290
860.570.5284 (P); 860.570.5366 (F)
E-mail: llm@uconn.edu

Instructions to Applicant
1. Complete Part I.
2. Submit Parts I and II to the current dean, administrative officer or other official at the university/school from which your legal degree has been or will be received.
3. Request the signed form and countersigned envelope be returned to you. **Do not open this envelope or break the seal.** Submit the sealed envelope with your application. Alternatively, the university may submit this form and transcript directly to the address above.
4. Please Note: Some universities have their own certification forms and these are accepted by the Office of Graduate Programs. However, all applicants from such schools must still complete Part I of this form and return it with their application to the Office of Graduate Programs in order to complete the file.

Instructions to University Official
1. Complete Part II (on page two).
2. Return both Parts I and II to the student in a sealed and signed envelope as soon as possible.

Part I: To Be Completed by Applicant

Last (Family) Name: ___________________________ First Name: ___________________________ Middle Name: ___________________________

Street: ______________________________________ City: ___________________________ State: ___________________________

Postal Code: ___________________________ Country: ___________________________ Telephone: ___________________________

Fax: ___________________________ E-mail: ___________________________

Law School: ___________________________ Degree: ___________________________ Date of Graduation: ___________________________

I understand that U.S. law may provide me with the right of access to the Certification, which may be waived, but that no school or person can require me to waive this right.

I [ ] waive [ ] do not waive my right of access to this Certification. I authorize the above listed institution to provide a candid evaluation of all relevant information to the UConn School of Law Office of Graduate Programs, and give permission for the release of my disciplinary records.

Applicant’s Signature: ___________________________ Date: ___________________________ (mm/dd/yyyy)
Part II: To be Completed by University Official

Note to the University Official: Please fill in the required information and return the completed form to the applicant in a sealed and signed envelope as soon as possible. Prompt completion of this form will be appreciated by both the candidate and the UConn School of Law.

A. Grades

University Grading System (from high to low): 
Applicant's current or final cumulative GPA: 

Median Grade: 
Applicant's Class Rank: 

Lowest Passing or Satisfactory Mark: 
Applicant's Class Size:

B. Applicant Standing

Is the applicant currently in attendance at your institution?  [ ] No [ ] Yes

If yes, is the applicant currently in good standing?  [ ] No [ ] Yes  If no, please explain below or on a separate sheet of paper.

C. Disciplinary Action

Has the applicant even been the subject of disciplinary action or proceedings for misconduct, or of academic censure for deficient scholarship?  [ ] No [ ] Yes  If yes, please explain below or on a separate sheet of paper.

D. Additional Comments

In selecting a class that is smaller than the number of highly qualified candidates, the Admissions Committee attempts to consider all relevant factors. The Committee would be grateful for any information you may have which is not likely to be available from other sources and which you feel may be helpful when considering the application for this student. Please enclose a separate sheet if necessary.

Name: _________________________  Position: _________________________

Telephone: _________________________  E-mail: _________________________

Signature: _________________________  Date: _________________________

(mm/dd/yyyy)