

Doctor of Science of Law (J.S.D.) - Online Application

Applica	nt Full Nam	e:		Date:			
Please s	select the te	erm in which you are	applying for:				
Sp	oring	Summer	Fall	Winter			
20)14	2015	2016	2017			
	ents indicated	<u>le Checklist:</u> d below are <u>required</u> c	omponents for com	pletion of your application			
1.	Full comp	letion of this applicatio	n form				
2.	C.V. / professional résumé attached						
3. Originals of all previous academic transcripts submitted directly to:							
	Graduate F Attn. Jo Pe 1155 Island						
4.	Profession	nal letter of recommen	dation				
<u> </u>	Statemen	t of purpose (500 word	I minimum, attached	d as a MS Word doc.)			
6.	LL.M. or J		nas Jefferson need	nts previously enrolled in the not submit Nos. 3 through 5, and omitted.			
ographical Ir	nformation						
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ultural Heritage:
American Indian/Alaskan Native Asian American/Pacific Islander African American/Caribbean/African Caucasian Hispanic/Latin American Mexican American



Background Questions:

Have you ever been on probation or dismissed	d from any educational institution	? Yes No
f you answered "yes," please explain below:		
Have you ever been arrested, prosecuted, or ominor traffic infraction? (Minor traffic infraction under the influence.)	<u> </u>	
If you answered "yes," please explain below:		
Has a governmental authority or professional l	body ever brought charges agains	st you? Yes No
ducational/ Professional Background:		
ndergraduate Degree(s): Applicants must have certified original transcrip	ots submitted.)	
Name of Institution	Registrar Phone Number	Degree Earned



Post-Graduate, Graduate, Doctoral Degree(s): (Degree applicants must have certified original transcripts submitted.)

	Registrar Phone	Number	Degree	Earned
aw Degree(s):				
Applicants must have certified origin	nals transcripts submitted.)			
Name of Institution	Registrar Phone	Number	Degree Earned	
Name of Association	License/ Designation	Member Number		Contact Phon Number
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