

Please Return to Rm. 1134 East Building or to the Student Services Reception Area Rm. 1119 East.

PRE-LAW INFORMATION FORM

DATE.

DATE	
LAST NAME:	FIRST NAME: SEX: F [] M []
ADDRESS:	CITY / STATE / ZIP:
HOME PHONE:	E-MAIL: Please print clearly
CELL PHONE:	
DATE OF BIRTH:	SOCIAL SECURITY #:(optional)
CHECK ONE:	
UNDERGRADUATE: POSTBACCALAURE	ATE: ALUMNUS / ALUMNA:
MAJOR	MINOR
EXPECTED DATE OF GRADUATION:	
CAREER GOALS:	
LIST THE COLLEGE(S) (with dates) THAT YOU HAVE A If you have a degree please indicate which one, the field, and	
1	
2	