

College of Arts and Sciences
Law School/Transfer Dean's Certification Questionnaire
for students in the College of Arts and Sciences

Name: _____ IID: _____

Local Address: _____

Local Phone Number: _____ E-mail address: _____

Date of or expected date of graduation: _____

Important:

On each form you are submitting, please fill out the top portion and sign the waiver allowing us to release your academic information.

Certification forms will be completed as soon as possible **within ten business days.**

Name of School	Application Deadline	The certification should be . . . (Please circle one)	School address if not listed on the form(s)
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	
		*Sent to the student *Sent to the school *Picked up by the student	

For internal use by the College of Arts and Sciences:

GPA: _____ Rank (if graduated): _____

Approximate Rank (if not graduated) based on previous year's class: _____

Disciplinary record per Office of Student Ethics: Yes / No Initials: _____ Date: _____

Please return completed form to:
College of Arts & Sciences Undergraduate Academic Affairs, Kirkwood Hall 012
130 S. Woodlawn Avenue, Bloomington, IN 47405 USA
Phone: (812) 855-8245 Fax: (812) 855-2060