PETITION FOR EVALUATION OF U.S.
NON-APPROVED LEGAL EDUCATION

Name: _____

Address: _____
_____
_____

Undergraduate Education

Institution: _____

Address: _____
_____
_____

Degree received: _____
Date started: _____
Date degree received: _____

Yes No
[ ] [ ] Certified, official, final transcript attached
[ ] [ ] Four-year degree program
[ ] [ ] Program required "in-residence" classroom attendance
If no, explain: _____
_____

Legal Education

Institution: _____

Address: _____
_____
_____

Degree received: _____
Date started: _____
Date degree received: _____

Yes No
[ ] [ ] Certified, official, final transcript attached
[ ] [ ] Three-year degree program
[ ] [ ] Program required "in-residence" classroom attendance
[ ] [ ] Course description attached
If no, explain: _____
_____

Advanced Legal Education

Institution: _____

Address: _____
_____
_____

Degree received: _____
Date started: _____
Date degree received: _____

Yes No
[ ] [ ] Certified, official, final transcript attached
[ ] [ ] Dean's letter attached (if required)
[ ] [ ] Program required "in-residence" classroom attendance
If no, explain: _____
_____

Signature: _____

Date: _____