

Law School Graduation Application

NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA:

(first)

(middle)

(last)

Anticipated Graduation Date: Summer 20__ Fall 20__ Spring 20__

T-Number: _____

Phone: (____) _____ - _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____@_____.

Signature: _____ **Today's Date:** ____/____/200__

Instructions for Completing this Form

1. Complete all information as requested above.

2. Submit the completed and signed form via:

Hand Delivery To the Registrar's Office, First Floor, Room 104

Mail UALR Bowen School of Law
Attention: Registrar
1201 McMath Ave.
Little Rock, AR 72202

Fax 501.324.9909

Email Note: You must submit a scan with your signature. Email to law-records@ualr.edu.