Valparaiso University School of Law
Formal Application for LL.M. Degree

PRINT FULL NAME LEGIBLY AS IT SHOULD APPEAR ON YOUR DIPLOMA:

_____

First Name Middle Name Last Name

If pronunciation uncommom, spell phonetically:

_____

First Name Middle Name Last Name

VU ID#: _____ Phone: _____

Address: _____

_____

Students may complete the program as a full-time student in two semesters or as a part-time student in four semesters.

Expected Graduation Date:	May _____	Deadline Oct. 15
	August _____	Deadline Oct. 15
	December _____	Deadline Apr. 15

J.D. or LL.B. Degree: _____

Name of school: _____

Bachelor's Degree: _____

Name of school at time of conferral: _____

Master's/Other Degree: _____

Name of school at time of conferral: _____

Signature:_____ Date:_____

(Please sign and return this completed form to Law Registrar, Room 215)