



Valparaiso University School of Law

REQUEST TO APPLY FOR TRANSFER TO ANOTHER SCHOOL OF LAW

Student's Name _____ ID# _____

I request the following information be sent to the institution(s) designated below:

_____ a letter of good standing at the end of the _____ Fall _____ Spring semester

_____ a statement of my class rank at the end of the same semester

_____ a copy of my LSDAS report from my student file

Name of Institution _____

Address _____

City/State/Zip _____

Name of Institution _____

Address _____

City/State/Zip _____

**One school is free but additional
schools will require a payment of \$50.00 per school**
(charged to your law school account)

Student's Signature _____ Date _____

Student's phone # and e-mail _____

Reason for transfer: _____

Signature _____ Date _____

Director of Student Relations