



**300 S. State Street ■ Chicago, IL 60604 ■ 312.360.2658**

Please return to *admission@jmls.edu* once completed.

**When do you plan to attend UIC John Marshall Law School?**

Please check all that apply:

- Summer 20 \_\_\_\_\_
- Fall 20 \_\_\_\_\_
- Spring 20 \_\_\_\_\_

**This application will be given formal consideration only upon receipt of:**

- Letter from the dean of your law school authorizing you to enroll for course(s).
- If you are an attorney, please furnish an official law school transcript showing your degree.

**PLEASE TYPE OR PRINT IN INK**

**1. Full Name:** \_\_\_\_\_  
Last First Middle

**2. Social Security Number:** \_\_\_\_\_

**3. Sex:**  Male  Female

**4. Date of Birth:** \_\_\_\_\_ **5. Place of Birth:** \_\_\_\_\_  
Month/Day/Year City/State or Country

**Ethnicity**

Title IV of the Civil Rights Act of 1964 requires that the law school report ethnic and racial data to the United States Department of Education. Your response to this question is purely voluntary. Please check ALL that apply below:

1) Are you Hispanic or Latino?  Yes or  No

If you answered "YES" to the above question, select an ethnicity:  Mexican American or Chicano  Other Hispanic

2) What is your race? Select one or more races to indicate what you consider yourself to be:

- Aboriginal or Torres Strait Islander Australian  American Indian or Alaskan Native  Asian  Black or African American  Canadian Aboriginal
- Native Hawaiian or Other Pacific Islander  Puerto Rican  Caucasian or White

If American Indian or tribal affiliation, list tribal affiliation of village name: \_\_\_\_\_

Enrollment number (enrolled members only) \_\_\_\_\_

**7. If you are a citizen of a foreign country, what is your visa status?** \_\_\_\_\_

**8. Current Address:**

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**9. Permanent Address:**

(Address where you can always be reached)

After what date should we use this address? \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Personal Email Address \_\_\_\_\_

**10. Summary of Academic Training**

Name of Law School \_\_\_\_\_

Dates of Attendance \_\_\_\_\_ J.D. to be conferred \_\_\_\_\_

J.D. was conferred \_\_\_\_\_

*I understand and agree that the omission, misrepresentation, or concealment of any significant fact in any statement may be considered sufficient reason for refusal of admission or expulsion after admission.*

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_  
(Unsigned applications will be returned.)