The University of Akron App lication for Joint Degree JD/MAP

The School of Law and The Department of

Applied Politics

Student Information:			
Name:			
Student ID #:	E-mail A	ddress:	@zips.uakron.edu
Mailing Address:			
Home/Cell Phone:	W	ork Phone:	
Check all responses that apply			
LAW SCHOOL:	I have APPLIED to the School of Lav	v	
	I have been ADMITTED to the School of Law		
	I am ENROLLED in the School of Law		
	I have taken or plan to take the LSA	Γ on:	_
GRADUATE SCHOOL:	I have APPLIED to the G		

LSAT AND TRANSCRIPT REQUEST FORM

For use by students inte rested in a Joint Degree Program in Applied Politics

Complete and return form to:

Law Student Affairs , Room 101, School of Law, +2901

Please provide copies of my LSDAS report, LSDAS essay, all undergraduate, law and graduate transcripts on file, my wr iting sample and letters of recommendation to the Graduate Programs in Applied Politics Office and the Graduate School to be used in evaluating my a 53 -0.0054ITLS054ITLSatioto their

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