



REQUEST FOR DEAN'S LETTER IN SUPPORT OF OUT-OF-STATE STUDENT PRACTICE

I. DATE OF APPLICATION: STUDENT ID#: NAME: ADDRESS: CITY: STATE: ZIP CODE PHONE: (D) (E) E-MAIL ADDRESS: @suffolk.edu DIVISION: DAY EVENING

- 1. During what semester/session do you need this certification to begin? Summer 200, Fall 200, Spring 200
2. Are you or will you be enrolled in a Law School clinic or in the Law School internship program during the semester or sessions for which you are initially seeking certification? Yes No
3. State for which you are seeking student practice certification: RI, NH Other (If "other" please attach a copy of the rules and any pertinent information)
4. Semester in which you took or are registered to take Evidence

Please note: rules differ among jurisdictions, including but not limited to whether a student can be certified before grades are submitted for a given semester, when during law school a student may be certified, and whether a supervisor is required for the Dean's letter. More information may be needed in order to complete request.

(OVER)

Please complete the following to the extent possible.

II. SUPERVISOR'S FULL NAME/ TITLE AND FULL ADDRESS (PLEASE PRINT)

III. NAME OF CLERK OF COURT OR OTHER PERSON TO WHOM THE DEAN'S LETTER SHOULD BE SENT

IV. PLEASE PROVIDE ANY OTHER SPECIFIC INFORMATION REQUIRED IN DEAN'S LETTER

Relative to this request, I, _____, do hereby authorize Suffolk University Law School and its agents or representatives to release any and all information, documents and/or records in its possession or knowledge, regarding my tenure at the University.

Student Signature

(Date)