

The University of Akron School of Law

Application for Admission

Full-Time Day Division or Part-Time Evening Division

First Name _____ Last Name _____ Middle Initial _____

- _____ Date of Birth ____ / ____ / ____ UA ID Number _____

For University of Akron Students, Alumni, and Employees Only

Contact Information

E-mail Address _____

Current Phone _____ Permanent Phone _____ Mobile Phone _____

Person to Notify in Case of Emergency

Name(Last, First) _____ Relationship _____

Street Address _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Home Phone _____ Mobile Phone _____ E-mail Address _____

Residency Information

Permanent Residence Ohio State other than Ohio U.S. citizen living abroad Foreign Country

If you are an Ohio resident,

Date Ohio residency was established MM ____ / DD ____ / YYYY ____ County of residence _____

What was the date of your first class at this law school? MM ____ / DD ____ / YYYY ____

Have you been subject to disciplinary action, investigation, or academic probation at this law school? Yes No

If yes, please explain IN DETAIL in a supplementary statement.

