

The University of Akron
Application for Joint Degree JD/MAP

The School of Law
and
Department of Political Science

Student Information:

Name: _____

Student ID #: _____

E-mail Address: _____

Mailing Address: _____

Home/Cell Phone: _____ Work Phone: _____

Check all responses that apply:

_____ I have APPLIED to the School of Law

_____ 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 LSAT on: _____
(date)

_____ I have APPLIED to the Graduate School

_____ I have been ADMITTED to the Graduate School

_____ I am ENROLLED in the Master of Applied Politics program

Date

Student's Signature

LSAT AND TRANSCRIPT REQUEST FORM

For use by students interested in a Joint Degree Program in Applied Politics

**Complete and return form to:
Liz Sauders, Student Records, School of Law**

Please provide copies of my LSDAS report; LSDAS essay; all undergraduate, law and graduate transcripts on file; and my writing sample to the Graduate Programs in Public Administration Office to be used in evaluating my admission to the Joint Degree program.

Date: _____

Student ID#: _____

Name: _____

Signature: _____

Program: _____ **JD/MAP**

Please send all information to:

Cathy Moore
Department of Political Science
Mail code: 1904
FAX : (330) 972-8841

Graduate School Admissions
Polsky Building, Room 469
Mail code: 2101
FAX: (330) 972-6475

For Law School Office Use Only: Completed: (Date)

(Initials)