

Applicant Name _____



**ST. JOHN'S
UNIVERSITY**

SCHOOL OF LAW

**APPLICATION FOR ADMISSION TO
GRADUATE LAW PROGRAMS**

Desired Enrollment: ☐ Full Time (1 Year)
☐ Part Time (2-4 Years)*

Starting: ☐ Fall _____(Year)
☐ Spring _____(Year)*

Please indicate the program to which you are applying (mark only one):

- ☐ LL.M. in Bankruptcy
- ☐ LL.M. in Transnational Legal Practice
- ☐ LL.M. in U.S. Legal Studies

Combined Degree Programs:

- ☐ J.D./LL.M. in Bankruptcy
- ☐ LL.M. in Bankruptcy/U.S. Legal Studies
- ☐ LL.M. in Transnational Legal Practice/
U.S. Legal Practice

Full Name: _____
Surname First Middle

Mailing Address for all correspondence
(Please inform us of any changes immediately.)
Complete address, including country and postal
code:

Address _____

City _____

State _____

Country/ Zip Code _____

Home Telephone: _____

Cell Phone: _____

Business Telephone: _____

Fax Number: _____

E-mail: _____

Permanent Address for all correspondence
(Only if different from mailing address.)
Complete address, including country and postal code:

Address _____

City _____

State _____

Country/ Zip Code _____

Applicant Name _____

Sex: (optional) Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth: (required) month ____ day ____ year ____
REQUIRED: U.S. Social Security Number: <div style="display: flex; justify-content: space-around; width: 100px;"><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div>-</div><div><input type="text"/></div><div><input type="text"/></div><div>-</div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div><div><input type="text"/></div></div>
OR LSAC Account Number: _____

Are you a citizen of the United States?

☐ Yes ☐ No (If not, please be sure to complete the following section of the application.)

LSAC No. _____

What is your country of citizenship? _____

What is your country of birth? _____

Are you a permanent resident of the U.S.? ☐ Yes ☐ No

Permanent Resident Number: _____

What type of visa do you anticipate using during your law school education?

English language proficiency:

How many years of formal instruction in English have you received? _____

What language(s) do you usually use at home? _____

At school _____

At work _____

TOEFL or IELTS Score: _____, Test taken (date) _____

If you do not have a score yet, please state the date of your planned test _____

Please note that the TOEFL is not required for students who are citizens of Australia, English Speaking Canada, Ireland, New Zealand, and the United Kingdom.

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Higher Education:

List in chronological order all universities and law schools you have attended. Use an additional page if necessary.

Name of Institution			
City			
Country			
Dates of Attendance (Month/Year TO Month/Year)	To	To	To
Field of Study			
Degree or Diploma			
Has your law degree been conferred			
Date of degree/expected date of degree			
Average or Result*			
Official Class Rank (Rank in class of Class Size)	In class of	In class of	In class of
Estimated Class Rank**	In class of	In class of	In class of

*Please indicate your numerical GPA, honors level, state examination result, etc.

**If Official Class Rank is not available, please submit a brief description of how you estimated your class rank.

Academic Honors: If you received any of your university or post-secondary degrees “with honors” or with some other distinction, please indicate the type of honors or distinction you received (e.g. magna cum laude, First Class Honors, etc.) and the dates on which you received them. Please include any memberships in scholastic honor societies and other significant honors.

Publications and Law Reviews: List any books, articles, or thesis you have published (give title, date of publication, and name of publisher) or any law review experience and the position held.

Occupational experience: List below your experience in law or law-related fields. In each case provide dates (from/to), name and location of employer, and a brief description of the position, starting with your current position. If you are not currently employed or in school, what are you now doing? *You may also provide a curriculum vitae or resume on an attached sheet.*

From	To	Name and Address of Employer	Position	Responsibilities

References: Please give the names and professional positions of at least two persons whom you have asked to write letters of recommendation on your behalf. (Note: The letters that are most helpful are those written by law school faculty members who know you well or by persons for whom you have worked in a professional capacity. Letters from personal or family friends are generally not helpful.)

Bar Membership: Are you a member of the bar?

If yes, please list the jurisdiction(s) and the date(s) of admission:

Required Questions:

Have you ever been denied admission to a federal, state, or foreign bar?

☐ Yes ☐ No

If yes, please attach a statement giving full details and dates.

Have you ever been subject to any disciplinary action, placed on academic probation, or dismissed from any school, college, university, or graduate/professional school, or is any such action pending or expected to be brought against you?

☐ Yes ☐ No

If yes, please state the precise facts and disposition of such action in a supplementary statement. Please note: although a disciplinary action may have been expunged or dismissed, it nevertheless should be disclosed in answer to this question.

Have you been convicted (without the conviction later having been vacated) of any felony (at any time) or misdemeanor (within the past five years)? Is there any criminal charge pending against you?

☐ Yes ☐ No

If yes, please explain in a supplementary statement the charge or charges and relevant facts, including the nature of the offense, the dates and courts involved, and the penalty imposed, if any.

Please note that admission does not guarantee that you will meet the good moral character requirement necessary to sit for a state bar exam or to be admitted to practice. If you are concerned about any facts which may affect your eligibility to practice law, you should discuss the matter with the Board of Bar Examiners or the appropriate Committee on Character & Fitness in the jurisdiction in which you hope to practice.

PLEASE READ CAREFULLY:

I the undersigned, hereby apply for admission to the St. John's University School of Law, Graduate Program indicated above and make the following statements as the basis of my application: If accepted, I agree to comply with the rules of the University, the School of Law, the Graduate Program and to cooperate with the Faculty in maintaining high standards of scholarship and conduct. I agree that the decisions of the Faculty as to standards or scholarship shall be final. I agree to be governed by the existing rules and regulations of the University, the School of Law, the Graduate Program and by any others which may hereafter be enacted by the Trustees of St. John's University, the Faculty of the School of Law and the Faculty of the Graduate Program.

I certify that all statements made in this application are complete and accurate. I agree to notify the School of Law Registrar immediately of any changes in or additions to the information contained in this application. I understand that any omission or misstatement may result in denial of admission to or dismissal from the School of Law and the Graduate Program.

I understand that a copy of this application may be forwarded to the appropriate Committee on Character and Fitness at the time a student applies for admission to the Bar. Any omission or misstatement on this application may result in denial of admission to the Bar.

Signature of Applicant

Date

Applicant Name _____



ST. JOHN'S UNIVERSITY

SCHOOL OF LAW

APPLICATION FOR ADMISSION TO GRADUATE LAW PROGRAMS

8000 Utopia Parkway • Queens, NY 11439 • (718) 990-8335

RECOMMENDATION FORM

TO THE APPLICANT

Please complete the first part of this form and give it to your recommender with an envelope addressed to you. Ask your recommender to return the recommendation and this form in the envelope, sealed, and signed across the flap. Do not open the envelope; submit it with the rest of your application materials. If your recommender prefers, the recommendation may be mailed to our program at the address above.

Please take note that recommendations are to be written only by the recommender. Please provide your recommender with a copy of your application materials to assist him/her in writing the recommendation.

Applicant's Name _____

Applicant's Address _____

Applicant's email address and cell phone number _____

I understand that U.S. legislation provides me with a right of access to this recommendation under certain circumstances. I understand that I may waive such access, and that no school may require me to waive this right.

☐ I **hereby waive** my right of access to this recommendation.

☐ I **do not waive** my right of access to this recommendation.

Signature _____

Date _____

TO THE PERSON WRITING THE RECOMMENDATION

Please return your recommendation to the applicant in a sealed envelope with your signature across the seal. The applicant will submit the recommendation along with the application. If you prefer, you may mail the recommendation to us directly.

Please note that if you wish your recommendation to remain confidential, the student must indicate above that the right to see your recommendation is waived.

Recommender _____

Title _____

Address _____

Phone _____

Email _____

May we contact you for additional information about the applicant?

☐ Yes

☐ No

Applicant Name _____

How long and in what capacity have you known the applicant?

Please rate the applicant on the following criteria:

	Inadequate Opportunity To Observe	Below Average (Low 50%)	Satisfactory (Top 50%)	Good (Top 25%)	Excellent (Top 10%)	Exceptional (Top 2%)
Integrity						
Intellectual Ability						
Judgment, Maturity						
Initiative, Motivation						
Communication: Oral Skills						
Communication: Written Skills						

Please give your candid evaluation of this applicant, particularly including observations bearing upon character, academic ability, and potential for success in St. John's LL.M. Program. Please bear in mind that the St. John's LL.M. program is a rigorous program involving successful completion of 24 credits. We request your evaluation of the ability of the applicant to handle such a program successfully and your judgment as to the applicant's promise in the practice of law. Please feel free to add additional pages to your evaluation or to submit the evaluation in an attached letter.

What is your overall evaluation of this applicant? (Please circle the appropriate designation.)

Below Average
(Low 50%)

Satisfactory
(Top 50%)

Good
(Top 25%)

Excellent
(Top 10%)

Exceptional
(Top 2%)

Recommender's Signature

Date

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Recommender

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(Top 2%)

Recommender's Signature

Date