Semester: Fall Full Name:	
Full Name:	
Last F Gender: Male	Spring
Female Date of Birth (mm/dd/year) Country of Citizenship:	rst Middle
Present Mailing Address: Street City Postal Code Phone Number (Day) (Evening) Permanent Mailing Address:	ocial Security #(If available)
City Postal Code Phone Number (Day) (Evening) Permanent Mailing Address:	require a visa?
Phone Number (Day) (Evening) Permanent Mailing Address: Street	
Permanent Mailing Address: Street	Country
Street	E-mail Address
City Postal Code	
	Country
Phone Number (Day) (Evening)	E-mail Address
Phone Number (Day) (Evening) After what date should correspondence be sent to your permanent	E-mail Address

Identify the institution from which you have received or are pursuing your first degree in law.

Name		Location	
Attended: from (mo/yr)	_ to (mo/yr)	Degree/Diploma	
Date Degree Conferred or Expected:			

English Proficiency – Please provide a copy of your TOEFL/IELTS test, or reason for requesting a waiver.

On a separate sheet please provide your response to the following:

- 1) Provide a brief description of your personal history with emphasis on the development of your interest in law.
- 2) State your main areas of legal interest and what you would like to study while at William & Mary.
- 3) Please indicate your professional plans following your study at William & Mary.
- 4) Please provide a copy of your most recent resume.
- 5) Please include a small photograph for identification purposes only

Signature _____

Date____