

REQUEST FOR LETTER OF GOOD STANDING

Student Name:

Student ID:

Student Signature and Date:

Check One: 1st year Student Upper-class Student

Program Information:

Contact Name:

School Name:

Address:

City, State, Zip Code:

Full Program Name:

Check One: Visiting Semester/Term _____ School Year _____

Transfer Include Official Transcript

PLEASE RETURN THIS FORM TO:

**Wayne State University Law School
DEAN OF STUDENTS OFFICE
471 West Palmer, Room 1255
Detroit, MI 48202
Fax: (313) 577-6000**

OFFICE USE ONLY:

Date Picked Up:

Date Mailed:

Initials:

| | | |
|--|--|--|
| | | |
|--|--|--|