

LETTER OF GOOD STANDING REQUEST FORM



WAYNE STATE
Law School

Student Info:

Name: _____

Student I.D. Number: _____

Student email: _____ Student Phone Number: _____

Applying To:

Transfer

Visit

Summer

School Year /Term _____

School Information:

Contact Name (If Applicable): _____

School Name: _____

Address: _____

City, State & Zip Code: _____

Full Program Name: _____

Include:

Official Transcript

Class Rank

Additional Notes: _____

Student Signature

Date

Please return this form to:
Wayne State University Law School Records & Registration Office
471 W. Palmer, Room 1223
Detroit, MI 48202
(313) 577-3979
lawrecords@wayne.edu