



Columbia Law School

Dean's Certification

Completed form must be returned by the Dean or other administrator

VIA EMAIL: deanscerts@law.columbia.edu
(preferred) *Email must come from an official university account*

VIA POST: Columbia Law School Office of Admissions
435 West 116th Street, Mail Code 4004
New York, NY 10027-7297

To be completed by the student

STUDENT'S LAST NAME		FIRST NAME	MIDDLE NAME	
ADDRESS				
CITY		STATE	ZIP CODE	COUNTRY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH (DD/MM/YYYY)		LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	LSAC ACCOUNT NUMBER	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please type or print clearly

Please type or print above your name, address, date of birth, last four digits of your Social Security number, and LSAC account number. This form should be given to a Dean or another Administrator who has access to your complete school records. Note that it is not required that the Dean or other Administrator know you personally. This appraisal is often simply a report based on an examination of your school records.

Legislation affords to matriculants the rights of access to appraisals submitted in support of their applications if the school retains these appraisals. You may choose to waive this right. It is entirely your decision as to whether or not you waive your right of access to such appraisals. Understand, however, that it is possible that some appraisers may be more guarded and less candid in their evaluation if they know you may read them, than if you waive your right and they know that their appraisals will remain confidential. For this reason we are providing you with the option on this appraisal form of waiving this right if you so desire. Note that your decisions concerning this option will not affect our consideration of your matriculation. If you choose to waive your right of access to this evaluation, sign your name on the line below.

STUDENT'S SIGNATURE _____ DATE _____

To be completed by Dean or other administrator

The individual named above is an applicant to, or has been admitted and is planning to matriculate, at Columbia Law School. Under legislation, if the student's signature does not appear on the above line, this form will be accessible to the student if he or she matriculates and the form is retained after matriculation.

Please type or print clearly

We recognize that in many instances you may not know each other personally. In such an instance we would appreciate whatever information you might give us after examining the student's school records. We would appreciate any additional information that you may regard as pertinent.

If you prefer not to use the below form, or if you wish to supplement the form, you may make your comments in any fashion you choose. Please note, however, that if the student has chosen to waive his or her right of access to your appraisal, this form or a facsimile, signed by the student, must accompany your appraisal in order for us to assure you of confidentiality.

1. To your knowledge, has the student conducted himself or herself in a responsible manner so that, if admitted to the Bar, the affairs of others could be entrusted to his or her care with confidence? Yes No

Is there any reason why you would not recommend the student for admission to the Bar with regard to character? Yes No

2. How long and in what capacity have you known the student?

3. COLLEGE _____ DEGREE _____ DATE DEGREE CONFERRED OR EXPECTED _____

4. To your knowledge, has the student been the subject of discipline or academic censure, either for misconduct or deficient scholarship? Yes No

Are there any disciplinary charges pending? Yes No

If either or both is the case, please explain in a separate statement and attach to this form.

5. I recommend this student in terms of both academic ability and character, as indicated:
 Most enthusiastically With enthusiasm Without enthusiasm Not recommended

DEAN OR OTHER ADMINISTRATOR'S SIGNATURE _____ NAME _____ TITLE _____

INSTITUTION _____ PHONE NUMBER _____ E-MAIL ADDRESS _____