

Roger Williams University School of Law

Ten Metacom Avenue
Bristol, Rhode Island 02809-5171
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Request for Good Standing Certification

Part I TO BE COMPLETED BY THE REQUESTER

Student Name: _____ Phone: _____

Home Address: _____ Email: _____

Year (1L, 2L, 3L) _____

SEND COMPLETED FORM TO:

School/Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Department: _____ Attention: _____

Email Address: _____ Email Address: _____

Student Signature

Date(mm/dd/yyyy)

PART II TO BE COMPLETED BY THE LAW SCHOOL

Dean Certification

I certify that the student named above has completed the _____ semester of the ____ year of law school study at Roger Williams University School of Law and in good academic standing. I certify that I do not know any fact that would prevent this student from returning to this school to continue their studies.

Dean or Law School Official Signature

Date(mm/dd/yyyy)

Printed Name

Title of Dean or Law School Official