

Roger Williams University School of Law

Ten Metacom Avenue
Bristol, Rhode Island 02809-5171
Telephone: (401) 254-4682 Fax: (401) 254-4690

Request for Good Standing Certification

Student Name: _____ SS#: _____

Address: _____ Phone: _____

_____ Year (i.e., 1L, 2L, 3L) _____

Please issue a certification of good standing to the school or organization listed below:

School/Organization: _____

Address: _____

Attention: _____

Date: _____ Student Signature: _____

Dean Certification

This is to certify that the above-named student has completed the _____ semester, _____ year, course of study at Roger Williams University School of Law. The above-named student is in good academic standing. We are aware of no reason that would prevent this student from returning to this school to continue his or her studies.

Date: _____ Signed: _____

Title: _____