



MU LAW SCHOLARS APPLICATION
(Six year JD/Bachelors Degree Program)
UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF LAW



Please print or type

MU Student Number (if applicable) _____

Name _____ Social Security _____ - _____ - _____
Last First Middle

Preferred Name _____ Previous Name(s) _____

Current Mailing Address _____

()
 City State Zip Phone

Permanent Mailing Address _____

()
 City State Zip Phone

E-Mail Address _____

Parents' Names and Occupations _____

HIGH SCHOOL INFORMATION:

High School Attended _____
Name City State

High School Graduation Date _____ mm/yy High School Rank _____ out of _____

ACT or SAT Score _____

COLLEGE/UNIVERSITY INFORMATION:

Name of College/University _____

Major _____ Hours Completed (to date) _____

Current GPA _____ out of _____ Expected Graduation Date _____
mm/yy

Expected Year of Law School Admission – Fall Semester 20 _____

 Signature Date

Return to: School of Law Admissions
 University of Missouri-Columbia
 103 Hulston Hall
 Columbia, MO 65211

For office use only:
 ACT/SAT Verified? _____
 Class Rank Verified? _____
 Application Approved? _____
 Application Entered? _____