VILLANOVA UNIVERSITY SCHOOL OF LAW
RECIPROCITY PRIVILEGE REQUEST

***LEGIBLY PRINT OR TYPE ALL INFORMATION!
***ALLOW 2 WKS. MINIMUM FOR PROCESSING (by 2 law schools).
***SEND TO VLS CAREER OFFICE (careers@law.villanova.edu or fax to Dean Petrossian – 610-519-5144)

1. DATE OF REQUEST:		**2. DATE(S) YOU EXPECT TO VISIT SCHOOL:**	

3a. STUDENT/GRADUATE NAME & CONTACT INFORMATION:	
Name:	
Villanova degree (JD or LLM) & year awarded/anticipated:	
3b. Address to which reciprocity permission letter will be mailed (you must have letter during visit):	
Street:	
City, State and Zip:	
E-mail:	**Phone:**
4. Law School Career Office you would like to visit:	
1st Choice:	
City:	**State:**
2nd Choice:	
City:	**State:**
5. Purpose of visit / resources sought:	

6. Prior reciprocity requests you have made in past 12 months (if none, state "NONE"):

SCHOOL REQUESTED	**MO./ YR**	**OUTCOME (request granted? Visit made?)**