

**APPLICATION FOR CERTIFICATION - LAW SCHOOL GRADUATE
ILLINOIS SUPREME COURT RULE 711**

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Photos

**To: Administrative Office of the Illinois Courts
222 North LaSalle Street, 13th Floor
Chicago, Illinois 60601**

THIS CERTIFIES THAT *(please print or type):*

First Name	Middle Initial	Last Name	Social Security Number
Street Address		City/State/Zip Code	
()		()	
E-Mail Address		Telephone Number	

graduated from _____ School of Law on _____ .
Date

I have received a copy of this application for licensing under Illinois Supreme Court Rule 711 and I have no objection to this graduate being authorized to perform the services described in Rule 711(c).

Dean of Law School Signature

Certified by the above named school this _____ day of _____ , _____ . (SCHOOL SEAL)

The services authorized by Illinois Supreme Court Rule 711, which I acknowledge I have read, will be performed under my supervision by: _____

Graduate's name

Full Name of Agency	
Agency Address	City/State/Zip Code
()	
Agency Telephone Number	Supervising Attorney's Name and ARDC Number <small>(Must be a member in good standing of the Illinois bar)</small>

The Agency indicated above is (check appropriate box):

- A legal aid bureau, legal assistance program, organization or clinic chartered by the State of Illinois or approved by a law school approved by the American Bar Association
- The Office of the Public Defender
- A law office of the state or any of its subdivisions

Supervising Attorney's Signature Dated this _____ day of _____ , _____ .

Multi-State Professional Responsibility Examination (MPRE)

- I have not yet sat for the MPRE
- I have sat for and received a passing grade for the MPRE*

* Failure to earn a passing grade on the MPRE precludes the approval and/or continued practice authorized by Supreme Court Rule 711.

Graduate Certification (Signature)/Date I have previously applied for a Rule 711 license: Yes No

For office use only: Approved by : _____ Date: _____ Expiration date: _____