DREXEL UNIVERSITY
Thomas R. Kline
School of Law

Request to Review Academic File

Name: _____ DU ID: _____

I request to review the contents of my Law School academic file.

Signature: _____

Date: _____

Administrator: Keep this form until it is complete.

The student has reviewed his or her file, or been given the opportunity to do so.

Student Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

NOTE: Academic files may not leave the Office of Student Affairs. You may review your Law School academic file in Suite 450 only.

Updated 9/18/2014