

# GRADUATION CHECK UP 2020

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle Name or Initial

Please provide a phonetic spelling of your name  
(or other assistance as to how to pronounce it) \_\_\_\_\_

TU Id: \_\_\_\_\_ Check one: ☐ Day Division ☐ Evening Division

Temple E-Mail Address: \_\_\_\_\_ Alternate E-Mail Address: \_\_\_\_\_

All telephone numbers where you may be reached: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

1. Course Requirements

Professional Responsibility Professor \_\_\_\_\_

Research Writing Requirement Course \_\_\_\_\_ Professor \_\_\_\_\_

Serial Writing Requirement Course \_\_\_\_\_ Professor \_\_\_\_\_

Professional Skills Requirement Course \_\_\_\_\_ Professor \_\_\_\_\_

2. Have you participated in any of the following credit-bearing student organizations?

Journal (name) \_\_\_\_\_ Year(s) \_\_\_\_\_ Faculty advisor \_\_\_\_\_

Moot Court year(s) \_\_\_\_\_ Faculty advisor \_\_\_\_\_

Jessup Moot Court year(s) \_\_\_\_\_ Faculty advisor \_\_\_\_\_

National Trial Team year(s) \_\_\_\_\_ Faculty advisor \_\_\_\_\_

3. Please list the number of times during law school that you participated in:

(a) Internal Clinics: Sheller Center, TLAO, Elderly Law Clinic \_\_\_\_\_

(b) External Clinics/Externships: ex. SEPTA, DA's Office, City Solicitor, etc \_\_\_\_\_

(c) Practicum Courses: Individually Designed or School Designed \_\_\_\_\_

4. Have you changed from day to evening? Yes \_\_\_\_\_ No \_\_\_\_\_ Have you changed from evening to day? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you transferring credits from another law school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please tell us \_\_\_\_\_

Have you taken a leave of absence? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you have definite arrangements for employment after graduation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please tell us

Employer name, city, state \_\_\_\_\_

Your position \_\_\_\_\_ How you found the job \_\_\_\_\_

If NOT, do you now or in the foreseeable future, have any kind of employment (Legal or non-legal, full or part-time)?

YES – Employer name, city, state \_\_\_\_\_

Your position \_\_\_\_\_

Would you like help finding post-graduation employment? Yes \_\_\_\_\_ No \_\_\_\_\_

6. In what state(s) do you plan to take the bar exam? \_\_\_\_\_

7. Main practice area of interest? \_\_\_\_\_

8. Please list activities and student organizations in which you were involved while at Temple Law School - \_\_\_\_\_

\_\_\_\_\_