Request for Certification as Supervised Practitioner

Name:			
	Last	First	Middle
Email	Address:		
Name	e of Supervising Lawyer:	<u>.</u>	
	the requirements to transf	er to Supervised Pra Las a Law Student P	Practitioner; I meet the
•	se attach letter from superv nation.)	rising lawyer to form.	See instructions for more
	I have reviewed Rule 7 an I have reviewed Rule 11 a months from the date of c	and understand that o	
		ction, if I fail the bar e law in any jurisdictior examination in any j	exam in any jurisdiction, or if n. If I am admitted in any jurisdiction, I understand

Signature

Please provide form to law school registrar. Additional information can be found on the Board's website <u>www.ble.mn.gov</u>