

CHARLESTON

SCHOOL OF LAW

Graduation Class Rank Letter (One request per form)

Name: _____

E-mail: _____

By my signature, I authorize and consent for the requested information to be shared to the parties listed below.

Telephone: _____

Signature & Date: _____

Purpose of Letter:

☐ Employer Request

☐ Other (please specify) _____

* Additional Form Required

Delivery Options: (check all that apply)

☐ Mail to the recipient(s) listed below

☐ E-mail to the recipient(s) listed below

☐ Mail/E-mail to me at address listed below

Contact Information:

Provide the contact name, organization, mailing address and/or email address to whom the letter will be directed.

Note: Incorrect or incomplete information will delay your letter. This form cannot be used to request loan deferment verification or documentation.

1. _____

2. _____

Graduation Class Rank Letter

Date: _____

To Whom It May Concern:

This letter is to confirm that the student named above has completed all the graduation requirements for the Charleston School of Law. It is the policy of the Charleston School of Law to compute the Graduation Class Rank only once a year after all grades have been entered. Of the students who graduated in December _____, May _____, and August _____, the individual's Graduation Class Rank is **___out of ___** students.

The Charleston School of Law is licensed for operation in the State of South Carolina and has received full accreditation from the ABA.

Sincerely,

Ralph Prioleau, Jr.
Assistant Dean for Academic Administration