

## **Reciprocity Request Form**

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Name: \_\_\_\_\_

Class Year: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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### **Law school to which you would like to request reciprocity:**

Law School Name: \_\_\_\_\_

Law School Address: \_\_\_\_\_

Career Department Website: \_\_\_\_\_

Link to School's Reciprocity Policy: \_\_\_\_\_

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### **Backup law school to request from:**

Law School Name: \_\_\_\_\_

Law School Address: \_\_\_\_\_

Career Department Website: \_\_\_\_\_

Link to School's Reciprocity Policy: \_\_\_\_\_

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### **Reciprocity Coordinator or Contact:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*Please return this form to the CDO via email or in person.**

**Career Development Office Suite 902 Law Tower: [Lawcdo@bu.edu](mailto:Lawcdo@bu.edu)**