VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW <u>RECIPROCITY PRIVILEGE REQUEST FORM</u> Please complete this form with all necessary information and email to the

Career Strategy Office (<u>careers@law.villanova.edu</u>).

| School #2 | | |
|---------------------|--|--|
| Name of law school: | | |
| Contact Name: | | |
| Contact Email: | | |
| School Address: | | |
| | | |
| | | |
| | | |
| School #3 | | |
| Name of law school: | | |
| Contact Name: | | |
| Contact Email: | | |
| School Address: | | |
| | | |
| | | |
| | | |