

Form M15

**AFFIDAVIT OF THE DEAN OF AN ACCREDITED CONNECTICUT
LAW SCHOOL AT WHICH THE APPLICANT IS A FULL-TIME
FACULTY MEMBER OR FULL-TIME CLINICAL FELLOW**

***The law school must email this form directly to the administrative
office of the Bar Examining Committee at Barexam@jud.ct.gov***

IN RE THE APPLICATION OF _____
FOR APPLICATION FOR ADMISSION WITHOUT EXAMINATION

Affiant's Name: _____

Affiant's address and telephone number:

Law School: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

I, _____, on behalf of
_____ (hereinafter "law school"), certify that
the above named applicant for admission without examination is a full-time faculty
member or full-time clinical fellow at the law school. I further certify that the applicant
has been a full-time faculty member or full-time clinical fellow with the law school since
_____.

I declare under penalty of false statement under the laws of the State of Connecticut that
the information submitted is true and correct. The penalty for false statement is
imprisonment not to exceed one year, a fine not to exceed \$2,000, or both.

Executed on this _____ day of _____, _____ at _____.
Day Month Year City, State

Type your name in the box to sign electronically: _____
Signature of Dean of the Law School

By typing your name, you are signing this document electronically and demonstrating
your intent to use this as your electronic signature.

Email to: Barexam@jud.ct.gov
Connecticut Bar Examining Committee
100 Washington Street, 1st Floor
Hartford, CT 06106