

The City University of New York

CUNY SCHOOL OF LAW

Dual Degree Program Transfer Request Form

A student may seek approval from the Academic Affairs Office to transfer into one of the dual degree programs. The request deadline is the last day of classes for your 1L year.

Last Name: First Name:

CUNY first id: Current Class Year: 1L 2L 3L

Signature: Date:

Current Program: Full-time Part-time

Seeking Transfer to Dual Degree: JD/MPA JD/MA JD/MIA

Indicate whether you intend to be a full or part time student: full time part time

Indicate which academic year you will designate the partner school your "home" institution: _____

Please confirm that you have provided Academic Affairs a copy of your acceptance letter from the partner school: _____

Indicate name of advisor at the law school and at the partner school and date when you discussed the change with each:

Law school advisor: _____ Date: _____

Partner school advisor: _____ Date: _____

Projected schedule for each semester listed below.

Please indicate the courses you expect to take with the credit hours and school noted.

ACADEMIC YEAR	FALL COURSES	SPRING COURSES	SUMMER COURSES

ACADEMIC YEAR	FALL COURSES	SPRING COURSES	SUMMER COURSES

ACADEMIC YEAR	FALL COURSES	SPRING COURSES	SUMMER COURSES

Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
..... Associate/Assistant Dean for Academic Affairs signature Date

PLEASE DISTRIBUTE TO: Registrar; Financial Aid; Admissions offices