

Dual Degree Program Request Form

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

Last Name: [ ] First Name: [ ]

CUNYFirst 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 (for planning purposes only).

Table with 4 columns: ACADEMIC YEAR, FALL COURSES, SPRING COURSES, SUMMER COURSES. It contains 5 empty rows for data entry.

ACADEMIC YEAR	FALL COURSES	SPRING COURSES	SUMMER COURSES

ACADEMIC YEAR	FALL COURSES	SPRING COURSES	SUMMER COURSES

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Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
..... Academic Dean/Director of Academic Advising Signature	..... Date

**PLEASE DISTRIBUTE TO: Registrar; Financial Aid; Admissions offices**