

NOTIFICATION OF DUAL DEGREE

Name: _____ UW ID#: _____

Wisc email: _____ Expected JD Graduation Date: _____

Dual Degree/Joint Degree program: _____

Date Other (non-JD) Degree Conferral Received/Expected: _____

Expected Number of Credits To Be Transferred to JD degree: _____

School/Department Contact name & email: _____

Comments: _____

I am familiar with, and agree to abide by, all provisions of Chapter 3 of the Law School Rules. These rules allow me to transfer credits upon successful completion of a recognized dual degree or joint degree with the Associate Dean's permission, to count toward the J.D. degree.

Student Signature: _____ Date: _____

Return form to the Registrar, Room 5107, or the Registrar's mailbox

Associate Dean's Signature

Date

FOR OFFICE USE ONLY:

Copy EK DD email

Add to DD List