

# REGISTRATION AS A CANDIDATE FOR A UNIVERSITY CERTIFICATE

(Not to be used for curricular concentrations)

Certificate in Russian Area Studies

(For the Certificate in Consumer Health Advocacy, please contact the Center for Patient Partnerships)

Name: \_\_\_\_\_ UW ID#: \_\_\_\_\_

Wisc email: \_\_\_\_\_ Expected JD Graduation Date: \_\_\_\_\_

Expected Number of Credits To Be Transferred to JD degree: \_\_\_\_\_

I am familiar with, and agree to abide by, the information contained on the law school website regarding this certificate program (<http://law.wisc.edu/academics/dualdegree/CertificatePrograms.htm>). These rules allow me to transfer credits upon successful completion of a recognized certificate program with the Associate Dean's permission, to count toward the J.D. degree.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Point-of-Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_  
Associate Dean's Signature

\_\_\_\_\_  
Date

\_\_ InfoPath

\_\_ CertList