NOTIFICATION OF DUAL DEGREE

Name:	UW ID#:
Wisc email:	Expected JD Graduation Date:
Dual Degree/Joint Degree program:	
Date Other (non-JD) Degree Conferral Rec	reived/Expected:
Expected Number of Credits To Be Transfe	erred to JD degree:
School/Department Contact name & email:	
Comments:	
	Il provisions of Chapter 3 of the Law School Rules. These rules l completion of a recognized dual degree or joint degree with the ard the J.D. degree.
Student Signature:	Date:
Email completed form to <u>re</u>	gistrar@law.wisc.edu or place in Registrar mailbox #61
Associate Dean's Signature	Date