



JD Student Dual or Concurrent Degree Permission Form

MSU College of Law ♦ Office of the Registrar ♦ 648 N. Shaw Lane, Rm. 309, East Lansing, MI 48824 Phone Number: 517-432-6820 ♦ Fax Number: 517-432-6821 ♦ Email: regist@law.msu.edu

The following student has been admitted to the Dual Degree Program at MSU College of Law:

Last Name *First Name* *Middle Initial* *PID Number*

Name of Partnering Institution: _____ Degree: _____

Administrative Contact Name *Contact Title* *Contact Phone* *Contact Email Address*

Address: _____ City/State/Zip _____

Upon completion of the requirements for the Dual Degree, MSU College of Law will award pass/fail credit for the following course(s) from the Partnering Institution:

_____ Credits _____
_____ Credits _____
_____ Credits _____
_____ Credits _____
_____ Credits _____

Please Note: Tuition for any courses approved on this form is not covered by any MSU Law scholarship. The student is fully responsible for cost of tuition for these classes.

To receive these credits, the student must complete the requirements of the Dual Degree. Any student who fails to complete the Dual Degree requirements will be awarded a maximum of only six (6) credits. Upon receipt of an official transcript showing that requirements for the Dual Degree have been met, the Law College will award pass/fail credit for courses from the above list, provided the grade at the partnering institution is 2.0 or better.

Since the Family Educational Rights & Privacy Act of 1974 does not permit the Law College to request transcripts of students from other institutions, it is the responsibility of the student to ensure that an official transcript from the partnering institution is sent to the Law College Registrar’s Office at the completion of each course. Credits earned at other graduate schools as approved on this form will be counted toward fulfillment of the student’s graduation requirement **only after an official transcript is received by the Law College Registrar**. No degree will be conferred, and no certifications to outside entities will be provided, until the partnering institution's transcript is received.

Associate Dean for Academic Affairs _____ **Date:** _____

I acknowledge that I have read the above and understand the conditions under which credit will be given. I authorize MSU College of Law to issue a letter to the above-named school(s) granting me permission to be a dual degree student.

Student: _____ **Date:** _____

Student must email approved form to the Law Registrar’s Office at regist@law.msu.edu.

- cc: Original to Registrar
- Financial Aid
- Student Copy
- Senior Associate Dean for Academic Affairs