

TOURO LAW CENTER

REQUEST TO ATTEND DUAL DEGREE PROGRAM PARTNER INSTITUTION

Last Name: _____ First Name: _____

Touro Law Center ID#: _____ Divison/Year: (circle one): 1 2 3 4 FT – PT

Address: _____

Telephone #: (Home) _____ E-mail: _____

- Joint Program (check one):
- J.D./M.B.A Long Island University, C.W. Post Campus (9*)
 - J.D./M.P.A. (HealthCare) Long Island University, C.W. Post Campus (9*)
 - J.D./M.S.W. (Social Work) State University of New York at Stony Brook (12*)

*Students MUST review the program rules to ensure they are aware of the total dual degree transfer credits

I am registered for _____ credits at Touro Law Center for the Fall Spring Summer 20____ semester.

I am requesting permission to register simultaneously for _____ credits at the partner institution.

I expect to complete my Juris Doctor requirements by May July December 20_____.

I understand that it is my responsibility to apply separately with the other school and to meet with an advisor at the other school to confirm which courses/credits will transfer, etc. Before your request can be acted upon, you must review your responsibility below and sign in agreement.

I understand that as a dual degree student, it is my responsibility to:


- a) Confirm that I am in good standing, academically,
- b) Confirm that I am in good standing, financially (I have no outstanding obligations to the law center), and
- c) Confirm that I will continue to meet with advisors in both the law center and the other program and complete my graduation audit with the Registrar in the Law Center to ensure completion of all required courses and credits.

Date: _____ Signature: _____

When you have completed this form, you must meet with the Assistant Dean for Student Services (Room 302, 761-7050)

ACTION BY ASSISTANT DEAN FOR STUDENT SERVICES: APPROVED DISAPPROVED

Date: _____ Signature: _____

 **A change of status is not effective until the original of this form, properly completed, is delivered to the Registrar's Office and entered on the Law Center computer.**

ACTION BY REGISTRAR'S OFFICE:

Request Processed By: _____ Date: _____

Student Notified By: _____ Date: _____