MSU COLLEGE OF LAW DUAL DEGREE STUDENT PERMISSION FORM

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 requirem following course(s) from the Part		ree, MSU College of Law wi	ill award transfer credit for the
			Credits
students from other institutions, i partnering institution is sent to th other graduate schools as approv	ghts & Privacy Act of t is the responsibility of the Law College Registred on this form will be that transcript is received that the provided	1974 does not permit the Law of the student to ensure that a car's Office at the completion counted toward fulfillment to the Law College Registral, until the partnering institut	w College to request transcripts of an official transcript from the of each course. Credits earned at of the student's graduation <i>rar</i> . No degree will be conferred, tion's transcript is received.
	•		
Associate Dean:			Date:
I acknowledge that I have read the MSU College of Law to issue a lestudent.			h credit will be given. I authorize rmission to be a dual degree
Student:			Date:
cc: Original to Registrar Financial Aid Associate Dean for Academic	Affairs		