ST. JOHN'S UNIVERSITY
SCHOOL OF LAW

Application for Dual Degree Program

Name:_____X#: _____

Telephone:_____E-Mail: _____

Current Year: ☐1L ☐2L ☐3L ☐ 4L Division: ☐ Full-Time ☐ Part-Time

Number of credits completed to date: _____

Number of credits pending in current semester: _____

Cumulative GPA: _____

Dual degree program to which I am applying: J.D./ _____

Anticipated dates of graduation with J.D.:_____and graduate program: _____

Email this application and a brief personal statement explaining: (1) your interest in the joint degree program; and (2) your academic and work experience in the non-law discipline to lawregistrar@stjohns.edu ..

I certify that the information in this application is true and complete. I also understand that this application is only for the Law School; separate application to the relevant graduate discipline is also required.

_____Date: _____
Signature

FOR DEAN'S OFFICE USE ONLY

Date application received: _____

Action taken: ☐ Granted ☐ Denied

Date:_____ Initials: _____

☐ Student notified

10/2/2020