

**FLORIDA COASTAL SCHOOL OF LAW  
DUAL DEGREE COURSE SELECTION FORM**

Name: \_\_\_\_\_  
Last Name
First Name
Middle Initial

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Semester: \_\_\_\_\_  JD/MBA or  JD/MPP (select one)

Please list the classes you intend to take at both institutions during the Semester listed above. This listing should include courses for the entire semester, including both quarters if classes are offered in that format.

Course Name:	# Credits:	Transfer to FCSL: <small>For use by Deans only</small>
<p style="color: red; font-size: small;">If you do not plan to take courses at FCSL during the above named semester, please check here: <input type="checkbox"/></p>	<b>Total Credits:</b>	

\_\_\_\_\_  
Signature, Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, FCSL Dean of Academics

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, JU Graduate Program Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Financial Aid Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Registrar

\_\_\_\_\_  
Date