

NYU School of Law Dual-Degree School of Residence Form

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_____ Last Name	_____ First Name	_____ Middle Initial	_____ I.D.	_____ Number

Address

_____ NYU E-mail Address	_____ Expected Date of Graduation (Month / Year)	_____ Academic Level
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I am currently enrolled as a **Dual-Degree Candidate** in the following program: JD/_____ at the following school: _____. The contact information for my advisor at that school is:

_____ Advisor's Name	_____ Phone Number	_____ E-mail Address
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REGISTRATION STATUS (Please complete both fall and spring information)

In Fall _____, I will be **in residence** at: [☐] **School of Law** [☐] **Other** _____

In Spring _____, I will be **in residence** at: [☐] **School of Law** [☐] **Other** _____

RESIDENCY REQUIREMENTS

- You must be **in residence** at the Law School at least **five semesters**.
- You may not graduate from the dual-degree program in **fewer than seven semesters**.

COURSE REGISTRATION

- When taking classes both at the Law School and the other program's school in the same semester, you will schedule an appointment with the Office of Academic Services to review your proposed class schedule.
- You will submit a dual-degree enrollment form **each year** you are in the dual degree program to the Office of Academic Services.
- When the majority of your credits in a semester are Law classes, you must be in residence at the Law School for that semester.

PERMISSION TO BE CONTACTED

Do you agree to be contacted by prospective students with questions about your dual degree program?
Yes___ No___ (If yes, we will give them your NYU email address.)

Student's signature

Date