

Request for Dual Degree Non-Law Credits to be Applied to School of Law Transcript

Please complete all information and submit to Law School Registrar.

Name: Banner ID: Dual Degree Program:

J.D./M.B.A. Students: I request the following courses be transferred to my Law transcript (9 credits):

Data and Decisions; MBA-642 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
The Organization; MBA-643 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Integrated Consulting Module; MBA-653 (3 credits):
Instructor: _____; Semester: _____; Grade: _____

J.D./M.H.A. Students: I request the following courses be transferred to my Law transcript (9 credits); choose three:

Health Care Organizations; HMP-500 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Management of Human Resources; HMP-538 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Management of Health Care Organizations; HMP-530 (3 credits):
Instructor: _____; Semester: _____; Grade: _____

J.D./M.P.H. Students: I request the following courses be transferred to my Law transcript (9 credits); choose three:

Health Care Organizations; HMP-500 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Health Policy; HMP-550 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Principles of Biostatistics; BST-500 (3 credits):
Instructor: _____; Semester: _____; Grade: _____

J.D./M.S. Students: I request the following courses be transferred to my Law transcript (9 credits); choose three:

Evaluation Sciences; ORES-541 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Pharmacoeconomics; ORES-540 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Clinical Trials; ORES-542 (3 credits):
Instructor: _____; Semester: _____; Grade: _____
Comparative Effectiveness Research; ORES-544 (3 credits):
Instructor: _____; Semester: _____; Grade: _____

All Other Dual Degree Students: I request the following courses be transferred to my Law transcript (9 credits):

Course: _____; Instructor: _____; Semester: _____; Grade: _____
Course: _____; Instructor: _____; Semester: _____; Grade: _____
Course: _____; Instructor: _____; Semester: _____; Grade: _____

Student Signature: _____ **Date:** _____

Assistant Director, Center for Health Law Studies: _____ **Date:** _____
(J.D./M.H.A. or J.D./M.P.H. students only)

Dean of Students: _____ **Date:** _____