FSU COLLEGE OF LAW
JOINT DEGREE PROGRAM APPLICATION

Name: _____ Social Security Number: _____

COLLEGE OF LAW

Date Admitted: _____

As certified by _____ (signature)

_____ (position)

GRADUATE DEPARTMENT_____

Date Admitted: _____

As certified by _____ (signature)

_____ (position)

Joint Degree Status: Effective: _____
(Term)

Joint Degree Program – Check one.
__313411 Law-Business__ 313412 Law-Economics __ 313416 Law-Social Work
__313413 Law-International Affairs__ 313414 Law-Public Administration
__313415 Law-Urban & Regional Planning __313417 Law-Lib. & Info. Studies

I am informed of and understand all requirements for completing the Joint Degree Program.

_____
Student Signature

Approved: _____
Law School Advisor

_____
Graduate Department Advisor

Send to:
Florida State University
College of Law Admissions
425 W. Jefferson Street
Tallahassee, FL 32306-1601

Also send to the cooperating College (College of Business, College of Social Sciences, etc.)