

FLORIDA COASTAL SCHOOL OF LAW
DUAL DEGREE COURSE SELECTION FORM

Name: _____
 Last Name **First Name** **Middle Initial**

Telephone Number: _____ **E-Mail:** _____

Semester: _____

Please list the classes you intend to take at both institutions during the Semester listed above. This listing should include the courses for both sessions at JU. Please denote the courses that you wish to transfer to Florida Coastal with an asterisk (*).

COURSE:	CREDIT HOURS:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature, Student

Date

Signature, Assistant Dean of Academic Affairs

Date

Signature, Financial Aid Counselor

Date

Signature, Registrar

Date

Signature, Business Graduate Program Advisor

Date