

**Hamline University School of Law
Office of the Registrar**

**Graduate Course
Registration Form**

Student ID 9 _ _ _ _ _	Last name	First name
------------------------	-----------	------------

Semester Fall J-term Spring Summer Year 20__ __

JD/GRADUATE DUAL DEGREE PROGRAM

I have been accepted into the following Hamline University dual degree program

- MBA (Master of Business Administration)
- MAPA (Master of Public Administration)
- MANM (Master of Nonprofit Management)
- MFA (Master of Fine Arts—Creative Writing)
- MAOL (Master of Arts in Organizational Leadership—College of St. Catherine)
- MLIS (Master of Library and Information Science—College of St. Catherine)

I have **previously** petitioned to transfer fewer than 3 courses from a graduate program
List number of previous courses _____

GENERAL CREDIT EXCHANGE

I have **previously** petitioned to transfer fewer than 2 courses from a graduate program
List number of previous courses _____

I have completed my first year of law school
List your class (L2, L3, etc.) as of the term on which you will be taking the course _____

My current cumulative grade point average is at least 2.500
List current cum GPA _____

I understand that I may only enroll for and transfer the courses approved herein

I understand that only coursework for which a grade of B or better is earned shall transfer

I understand that four-credit graduate courses shall transfer as three Law School credits

I understand that earned grades will appear in my HUSL transcript

I understand that earned grades will not be computed into HUSL GPAs

I understand that the HUSL rules for making-up incomplete work shall govern

The course(s) for which I am currently petitioning is/are on the list of pre-approved courses

The course(s) for which I am currently petitioning is/are **NOT** on the list of pre-approved courses. Reason for Petition

Please list the Graduate School courses for which you are requesting Law School credit.

Course Title	CRN

Signature	Date
-----------	------

OFFICE OF THE REGISTRAR: Attach transcript and forward to Associate Dean

FOR DEAN'S OFFICE USE ONLY

Approved Yes No Reason _____

Signature	Print Name	Date
-----------	------------	------

OFFICE OF THE REGISTRAR USE ONLY

Original to file	Copy to Grad School	Copy to student
------------------	---------------------	-----------------