

Empl ID# _____

Florida State University College of Law

JOINT GRADUATE PATHWAY APPLICATION

First Name: _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cellular Phone: _____

FSU E-mail Address: _____ Other E-mail Address: _____

Please select the Joint Graduate Pathway to which you are applying below:

- | | |
|--|---|
| <input type="checkbox"/> Law and Aquatic Environmental Science/Oceanography, J.D./M.S. | <input type="checkbox"/> Law and Public Administration, J.D./M.P.A. |
| <input type="checkbox"/> Law and Business, J.D./M.B.A. | <input type="checkbox"/> Law and Social Work, J.D./M.S.W. |
| <input type="checkbox"/> Law and Information, J.D./M.S.I. | <input type="checkbox"/> Law and Sport Management, J.D./M.S. |
| <input type="checkbox"/> Law and Information Technology, J.D./M.S.I.T. | <input type="checkbox"/> Law and Urban and Regional Planning, J.D./M.S.P. |
| <input type="checkbox"/> Law and International Affairs, J.D./M.S. | |

Please identify the term for which you are applying for admission into a Joint Graduate Pathway:

Spring 20_____ Summer 20_____ Fall 20_____

Please self-report the following applicable information:

LSAT Score: _____ GMAT Score: _____

GRE Scores:

Verbal: _____ Quantitative: _____ Writing: _____

Law School GPA: _____ Class Rank: _____ Law Credits Earned: _____

Please list all of your current student activities (student organizations, co-curricular, and extra-curricular):

Please provide the following information regarding your employment status:

Are you presently employed? Yes No If so, hours/week: _____

Name of employer: _____

If admitted into a joint graduate pathway, will you continue or be seeking employment? Yes No

I understand that it is my responsibility to read and follow all the requirements for admission into and completion of the Joint Graduate Pathway selected above. If admitted, I will work with the designated advisor for both degree programs and follow all guidelines set forth by the University and the respective departments:

Student Signature: _____ Date: _____

RETURN COMPLETED FORM TO THE COLLEGE OF LAW

This portion to be completed by Florida State University College of Law and graduate program advisor

College of Law

LSAT Score: _____ UGPA: _____ UDGPA (Junior/Senior Level Only): _____

Law School GPA: _____ Class Rank: _____ Law Credits Earned: _____

Matriculation Date: _____ Projected Graduation Date: _____

GMAT Score: _____

GRE Scores:

Verbal: _____ Quantitative: _____ Writing: _____

Date Joint Graduate Pathway Application Received: _____

Information Verified By:

Name	Title	Signature	Date
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Date Joint Graduate Pathway Application Provided to Graduate Program Advisor: _____

 College School Department of _____

Graduate Program Advisor Checklist:

- GRE/GMAT/LSAT Scores Reviewed
- Undergraduate Transcript Reviewed
- Law School Transcript Reviewed
- Joint Graduate Pathway Application Reviewed
- Met with Applicant (If Applicable)

Information Verified By:

Name	Title	Signature	Date
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Approvals

Graduate Program Approved Denied

Name	Title	Signature	Date
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College of Law Approved Denied

Name	Title	Signature	Date
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New Career/Program: _____ Updated in Student Central: _____
Date Initials