

Pepperdine University School of Law

PETITION TO THE VICE DEAN
for Dual Degree Students

NAME: _____ CWID NUMBER: _____ 2L ___ 3L ___

REQUEST FOR SEMESTER: _____ DUAL DEGREE: JD/MBA JD/MPP JD/MDiv JD/MDR

Residency Requirements and Graduation:

The American Bar Association requires as a minimum that a student must complete 58,000 minutes of instruction over 130 days on which classes are regularly taught per academic year with no more than 20% of the coursework required for graduation in any single semester. In order to ensure compliance with this requirement, the following maximum unit loads have been established:

- *JD students may take no more than 17 units per semester;
*JD/MBA students may take no more than 16 units per semester, although additional units may be approved if these units are counted only toward the MBA degree;
*JD/MPP students may take no more than 16 units per semester, although additional units may be approved if these units are counted only toward the MPP degree;
*JD/MDiv students may take no more than 15 units per semester, although additional units may be approved if these units are counted only toward the MDiv degree;
*JD/MDR students may take no more than 17 units towards the JD degree per semester, although additional units may be approved, if the additional units are counted only toward the additional 18 MDR units.

- Over 17 units (Fall or Spring)
Over 16 units (Fall or Spring)
Under 12 units (Fall or Spring)
Over 9 units (Summer)

JD/MDR students: Please contact your advisor from the Straus Institute to complete the appropriate allocation paperwork. Note that you will be charged the per-unit rate for any unit allocated to your MDR.

Law units _____ Non-JD units _____ Total number of units requested _____

Semester Course Selection (List all courses including course(s) to be added) Indicate which course(s) should be allocated to your non-JD degree (MBA, MPP, MDiv, or MDR).

Table with 4 columns: Law Number, Course Name, Units, Degree. Multiple rows for course entry.

REASON FOR REQUEST: _____

Signature: _____ Date: _____

TO BE COMPLETED BY THE OFFICE OF STUDENT INFORMATION AND SERVICES:

Student's GPA: _____ Verified by: _____

DEAN'S COMMENTS: _____

APPROVED: YES ___ NO ___ Vice Dean: _____ Date: _____

Processed By: _____ Date: _____