

**UNIVERSITY OF WINDSOR FACULTY OF LAW  
ACADEMIC PROGRAM APPROVAL FORM**

**NAME:** \_\_\_\_\_  Law 1       Law II       Law III

**ACADEMIC AVERAGE:** \_\_\_\_\_  
(Please show average for all years if applicable)

Cross-enrolment       More than 3 Paper courses in a semester

MSW/LLB Program       JD/LLB Program

Other \_\_\_\_\_

**REASON FOR REQUEST:** \_\_\_\_\_

\_\_\_\_\_

**PROPOSED PROGRAM OF STUDY**

(Please list all courses)

FALL 20 \_\_

WINTER 20\_\_

COURSE NAME & NUMBER	# OF CREDITS
<b>Total Number of Credits:</b>	

**COMMENTS FROM COMMITTEE:**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Approved by: Associate Dean or  
Academic Coordinator**

Date: \_\_\_\_\_

Date: \_\_\_\_\_