**DECLARATION OF INTENT TO PURSUE**

**CONCURRENT DEGREES**

**Copies of this Declaration of Intent to Pursue Concurrent Degrees must be filed with the Registrar of the School of Law and with the Director of the School of Social Work. You are not enrolled in the Concurrent degree program until this form has been completed and filed in both offices. By signing and filing this Declaration, you (i) acknowledge receipt of the rules of the UNIVERSITY OF ARKANSAS AT LITTLE ROCK Concurrent Program for JD and MSW Degrees and (ii) understand it is your responsibility to make sure you satisfy all requirements for the Concurrent degree program as described in the rules. Failure to meet the Concurrent degree program requirements can result in failure to meet the requirements for either degree individually.**

**1. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Student Identification Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Will you first enroll in the JD or MSW program?**\_\_\_\_\_\_\_

**4. Date of enrollment in the first program:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Anticipated date of enrollment in second program:**\_\_\_\_\_\_\_\_

**SIGNATURE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Director, School of Social Work Associate Dean for Academic Affairs**

**College of Education and Health Professions School of Law**

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