LLM/SJD Student Course Authorization Form

Instructions:
(1) Complete the form
(2) Take to your advisor for review and approval
(3) Ask your advisor to sign the form
(4) Return the form to the Graduate Programs office
(5) Wait for email indicating permission to enroll

Section to be completed by the advisee:

Name: _____ **UW ID#:** _____

Today's Date: _____ **UW email:** _____**@ wisc.edu**

Program: ☐ **LL.M.** ☐ **S.J.D.**

Term: ☐ **Fall** ☐ **Spring** **Year:**_____

Date Current I-20 Ends: _____

Anticipated Graduation Date: _____

Name of Second Reader: _____

(If you are an LL.M. student and wish to transfer into the S.J.D program, please put the date you plan to transfer to S.J.D in the line above)

Section to be completed by the advisor:

Please sign below if you believe your advisee is making satisfactory academic progress toward earning their degree and approve registration in your section of Directed Research in the term listed above. If you have concerns about your advisee, please contact Prof. Asifa Quraishi-Landes at asifa.quraishilandes@wisc.edu or the Graduate Programs Office at GPO@law.wisc.edu

Name of Faculty Advisor (Print Name): _____

Advisor's Signature indicating approval: _____ **DATE:** _____