University of Nebraska College of Law
Programs of Concentrated Study

Name: _____ Date: _____

Class year (circle one) 1L 2L

Number of credit hours completed after current semester _____

Area of Program of Concentrated Study _____

Courses to be completed in Program of Concentrated Study:

Course *Semester or Summer Session*

1._____

2._____

3._____

4._____

5._____

6._____

7._____

8._____

9._____

10._____

Total credit hours to be completed in Program of Concentrated Study _____

_____
Student Date

_____
Faculty Member Date

_____
Associate Dean Date