University of Massachusetts School of Law – Dartmouth
Program Transfer Form

First Name: ____________________ Last Name: ____________________ Student ID:______________

Telephone: (D) ___________ (E) ___________ Anticipated Date of Graduation: __________

E-Mail (personal) ________________ @umassd.edu Day ______ Evening ______

Student Signature ___________________________ Date ________________

Students who wish to transfer to a different program must submit this form at least one week before the beginning of the semester. Upon approval of the transfer, the student can begin registering for classes in the new program.

Year: 1st_________ 2nd_________ 3rd_________ 4th_________

Current Program: Full-time _________ Part-time Day ______ Evening ______

I would like to transfer to the following program:

Full-time Program _________
Part-time Day Program _________
Evening Program _________

______________________________________________________________________________________________

Office Use Only: Approved_____ Denied_____

Comments______________________________________________________________
______________________________________________________________
______________________________________________________________

Associate Dean’s Signature_________________________ Date_______________