

University of Massachusetts School of Law – Dartmouth Program Transfer Form

First Name: _____ **Last Name:** _____ **Student ID:** _____

Telephone: _____ **E-Mail:** _____ **@umassd.edu**

Anticipated Date of Graduation: _____

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.

See [Student Handbook](#) - Employment While in Law School.

Please contact the Financial Aid Office regarding your program plan change status.

Year: 1st _____ 2nd _____ 3rd _____ 4th _____

Current Program: Full-time _____ Part-time Day _____ Part-time Evening _____

I would like to transfer to the following program:

Full-time Program _____

Part-time Day Program _____

Part-time Evening Program _____

Office Use Only: Approved _____ Denied _____

Comments _____

Associate Dean's Signature _____ **Date** _____