

Law Enrollment Center
333 Faunce Corner Rd
Dartmouth, MA 02747-1252

Phone: 508.985.1100
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Student Petition

Student Last Name	Student First Name	Student ID
Program Plan: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Phone	Email Address
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____		

Instructions:

- Type or print legibly.
- Be specific and concise in stating your request.
- Explain the reasons for your request fully.
- If necessary, attach additional information or documents.

REQUEST: _____

REASON FOR REQUEST: _____

Student Signature: _____ Date: ____/____/____

ASSOCIATE DEAN

Approved: _____ Denied: _____

Comments: _____

Signature: _____

Date: ____/____/____