

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

Phone: 508.985.1100  
 Fax: 508-985-1104  
 Email: [lec@umassd.edu](mailto:lec@umassd.edu)

## Student Petition

<b>Student Last Name</b>	<b>Student First Name</b>	<b>Student ID</b>
<b>Program Plan:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Phone</b>	<b>Email Address</b>

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_