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 ____________________