

Hamline University School of Law Office of the Registrar		Petition for Internal Transfer	
Student ID		Last name	First name
Current Program <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend	Change to <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend	Effective term <input type="checkbox"/> Fall <input type="checkbox"/> J-term <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year 20 __ __	
New expected graduation term <input type="checkbox"/> Fall <input type="checkbox"/> J-term <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year 20 __ __		After transfer, course load will be <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Reason for request			
Signature		Date	
FOR OFFICE OF THE REGISTRAR USE ONLY			
Previous program change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Attach internal transcript and forward to Assoc. Dean	
Recorded by		Date	
FOR OFFICE OF THE ASSOCIATE DEAN FOR ACADEMIC AFFAIRS USE ONLY			
Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, reason		
Name		Signature	Date