

**Hamline University School of Law
Office of the Registrar**

Petition for Internal Transfer

Student ID 9 _ _ _ _ _

Last name

First name

Current Program
 Weekday Weekend

Change to
 Weekday Weekend

Effective term
 Fall J-term Spring Summer Year 201 _ _

New expected graduation term
 Fall J-term Spring Summer Year 20__ _

After transfer, course load will be
 Full-time Part-time

Reason for request

Signature

Date

FOR OFFICE OF THE REGISTRAR USE ONLY

Previous program change? Yes No

Attach internal transcript and forward to Assoc. Dean

Recorded by

Date

FOR OFFICE OF THE ASSOCIATE DEAN FOR ACADEMIC AFFAIRS USE ONLY

Eligible Yes No

If no, reason

Name

Signature

Date