

Division Transfer Application

Read the *Student Handbook, Volume I*, Section 2.3, Transfer Between the Part-time and Full-time Divisions, before completing this application.

When requesting the Associate Dean's signature on this form, please include 1) a copy of your unofficial transcript and 2) a tentative course scheduling plan for your remaining semesters. Your unofficial transcript can be found in myUDC under Banner Self Service.

Name: _____ Student ID: N _____

E-Mail: _____ Phone: _____

Current Year: 1L 2L 3L 4L

I am applying to transfer: From Part-Time to Full-Time From Full-Time to Part-Time

Division change to take effect the _____ Semester of 20____.
(Fall or Spring)

Please state briefly your reason for transfer:

I have read and understand the requirements for transfer to the _____ division.
(Full-time or Part-time)

Student Signature: _____ **Date:** _____

-----DO NOT WRITE BELOW THIS LINE-----

Request Approved Request Denied

Revised Expected Graduation Date: _____

Clinic Requirement Following Transfer: _____

Assoc. Dean for Academic Affairs: _____ Date: _____

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