



College of Law Registrar's Office | 201 FAMU Law Lane | Orlando, Florida 32801

Email: RegistrarCOL@famu.edu

Fax: (407) 254-3221

Phone: 407-254-3279/3287

PROGRAM TRANSFER REQUEST FORM

APPLICATION DEADLINES:

March 1st for the following Summer Semester

June 1st for the following Fall Semester

November 1st for the following Spring Semester

BEFORE SUBMITTING YOUR REQUEST, PLEASE NOTE:

Pursuant to the Student Handbook, Students must complete the first-year foundational courses of their program (full-time or part-time) before they are eligible to transfer from one program to another. For part-time students, the foundational courses are distributed throughout the first and second year of the evening program, which are the first three semesters and the first summer term.

Students must be in good standing to transfer from one program to another.

Students may be asked to meet with the Associate Dean for Student Services and Administration.

NAME:	DATE Submitted:
iRattler STUDENT ID #:	PHONE NUMBER:
FAMU EMAIL ADDRESS:	Year Entered FAMU Law:
Number of Credits Currently Enrolled:	No. of CREDITS COMPLETED:
Law School CGPA:	Financial Aid Recipient: <input type="checkbox"/> Yes or <input type="checkbox"/> No
	VA Benefits Recipient: <input type="checkbox"/> Yes or <input type="checkbox"/> No

Check the appropriate box below

I was admitted to the Full-Time Day Program, but now request that I be allowed to transfer to the Part-Time Evening Program beginning Semester/Year: Fall_____ Spring_____ Summer_____

I was admitted to the Part-Time Day Evening Program, but now request that I be allowed to transfer to the Full-Time Program beginning Semester/Year: Fall_____ Spring_____ Summer_____

Explanation Required for Program Transfer Request (attach supporting documentation if necessary)

Student Signature: _____ **Date:** _____

Section Below to Be Completed by Associate Dean for Student Services and Administration:

Is the Student in good Academic Standing? Yes No

Has the Student met the required deadline? Yes No

Request status: Approved Denied

Signature of Associate Dean for Student Services and Administration: _____ **Date:** _____

Section Below to Be Completed by the Registrar's Office:

Processed by: _____ **Date:** _____