



Registrar's Office  
201 Beggs Avenue  
Orlando, Florida 32801

Office: (407) 254-3279

Fax: (407) 254-3221

Email: RegistrarCOL@famu.edu

**PROGRAM TRANSFER REQUEST FORM**

The College of Law will approve one program transfer request per student.

<b>NAME:</b>	<b>DATE Submitted:</b>
<b>iRattler STUDENT ID #:</b> Please do not enter SSN#	<b>PHONE NUMBER:</b>
<b>FAMU EMAIL ADDRESS:</b>	<b>Year Entered FAMU Law:</b>
<b>Number of Credits Currently Enrolled:</b>	<b>No. of CREDITS COMPLETED:</b>
<b>Law School CGPA:</b>	<b>Financial Aid Recipient:</b> ____ Yes or ____ No <b>VA Benefits Recipient:</b> ____ Yes or ____ No

**Check the appropriate box below**

I am currently enrolled in the Full-Time Day Program. I request a transfer to the Part-Time Evening Program beginning: Semester/Year Fall \_\_\_\_\_ Summer \_\_\_\_\_

I am currently enrolled in the Part-Time Day Evening Program. I request a transfer to the Full-Time Program beginning: Semester/Year Fall \_\_\_\_\_ Summer \_\_\_\_\_

**Explanation Required for Program Transfer Request (use additional sheets if necessary)**


**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(By signing I understand that I am only entitled to one program transfer)

**Section Below to Be Completed by FAMU Law School Representative**

<b>Academic Plan Verified:</b>	<b>Date:</b>
<b>Signature for Associate Dean for Academic Affairs:</b> <b>Approved</b> <b>Denied</b>	<b>Date:</b>
<b>Signature for College of Law Registrar:</b>	<b>Date:</b>
<b>In good Academic Standing:</b> Yes      No	
<b>No Prior Approved Program Transfer Request:</b> Yes      No	

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