This application requires signatures where necessary.

Student ID: ______ (9) ___________________________ Date: __________________

(please print)
Last Name: ___________________________ First Name: ___________________ MI: ______

Telephone Number: ___________________ Expected Graduation Date: _______________

(check one) _____ JD _____ LLM _____ MIP

Email Address: ________________________________

**Change of Program Requested:**

Changing from: ________________________________
Current Degree

Changing to: ________________________________
New Concentration

*Graduate Program LLM or MIP students must have signature of the Director of Admissions.*

Director Signature: ________________________________

Date Approved by Director: ________________________________

Change of Program Effective Date: ________________________________

Student Signature: ___________________________ Date: __________________

Please submit completed form to the UNH School of Law Registrar’s Office.