

CLINICAL CREDIT APPROVAL FORM

USE ONE FORM FOR EACH COURSE

Name: _____

Student ID #: _____ Mailbox #: _____

Fall Spring Summer 20_____

Course	Course Number	Credits	Previous Credits Taken
Bankruptcy Clinic	900	_____	_____
Delaware Civil Clinic	917	_____	_____
Environmental Law Clinic	915	_____	_____
Health Law Externship	929	_____	_____
Judicial Clerkship	809	_____	_____
Pennsylvania Civil Clinic	925	_____	_____
Pennsylvania Defense Clinic	918	_____	_____
Veterans Law Clinic	912	_____	_____
Clinical Public Interest Externship	6005	_____	_____
Other	_____	_____	_____

Faculty Supervisor's Signature

Date

Student's Signature

Date

You must apply for an obtain acceptance in the Clinic Program prior to registration. Please have this form signed by the appropriate supervisor prior to registering for these courses.