

CLINICAL CREDIT APPROVAL FORM

USE ONE FORM FOR EACH COURSE

Mailbox #: _____

Name: _____

SS #: _____

—Fall

—Spring

—Summer

20_____

CLINICAL CREDITS: (A student may earn a total of eight clinical credits.)

Course	Course Number	Credits	Previous Credits Taken
Bankruptcy Clinic	L900	_____	_____
Clinical Externship	L803	_____	_____
Delaware Civil Clinic	L917	_____	_____
Delaware Housing Clinic	L916	_____	_____
Environmental Law Clinic	L915	_____	_____
Health Law Externship	L912	_____	_____
Judicial Clerkship	L809	_____	_____
Pennsylvania Civil Clinic	L925	_____	_____
Prosecutor Externship	L913	_____	_____
Street Law-Leader	L802	_____	_____
Tax Clinic	L911	_____	_____

Faculty Supervisor's Signature

Date

Student Signature

Date

Please have this form signed by the appropriate supervisor prior to registering for these courses.

IF IT IS DETERMINED THAT YOU ARE ON PROBATION, THIS REGISTRATION IS VOID.

COMPLETION OF PROFESSIONAL RESPONSIBILITY IS A PREREQUISITE FOR PARTICIPATION IN ALL CLINICS.
