

# CUNY SCHOOL OF LAW

## ADVANCED CLINIC REGISTRATION FORM (CED, DEF, ELC, & MED)

Name: \_\_\_\_\_ CUNYfirst ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of Clinic: \_\_\_\_\_

Number of Credits (2-4) (note: 3-4 credits allowed only under extraordinary circumstances): \_\_\_\_\_

Cumulative GPA as of the end of the fourth semester: \_\_\_\_\_

Bar Electives Taken Prior to 6<sup>th</sup> Semester \_\_\_\_\_

Other Courses Registered in 6<sup>th</sup> (Spring) Semester \_\_\_\_\_

Name of Clinic Faculty Supervisor: \_\_\_\_\_

Clinic Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Director of Your Clinic)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Approval must be received by both the Clinic Dean and the Academic Dean.\***

\_\_\_\_\_  
Clinic Dean Signature and Date

\_\_\_\_\_  
Academic Dean Signature and Date

**You must take this form to the Office of Registration (Room 4-109) to complete registration for this course.**