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 6th Semester ______________________________________________________

______________________________________________________________________________________

Other Courses Registered in 6th (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.

1/2016