

**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.**