

CUNY SCHOOL OF LAW

ADVANCED CLINICAL REGISTRATION FORM

Name: _____ CUNYfirst ID: _____

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

Date

Academic Dean or Director of Academic Advising Signature

Date

You must take or email this form to the Office of Registration (Room 4-109) to complete registration for this course. Registraroffice@law.cuny.edu