



Student's Name \_\_\_\_\_

Student's SSN \_\_\_\_\_

Clinical Subject \_\_\_\_\_

Firm \_\_\_\_\_

Supervising Attorney \_\_\_\_\_

Attorney's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unit Value \_\_\_\_\_ Pay / No Pay (circle one)

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

\*Career Services must approve this form prior to accruing clinical hours.