INDEPENDENT STUDY AGREEMENT: CLINIC

With the consent and approval of the undersigned p	rofessor, for the
semester, I will continue work begun previously as	a student in the
clinic/practicum during the	semester as an independent study. I plan
to complete an independent study of 1.0 or 2.0 credit	it hours (please circle the appropriate
number). During my independent study I plan to co	omplete the following projects: (specify)
I understand that I must work a minimum of at least All students must follow a designated standard citat	•
outline of the paper to the supervising professor. I a graded credit hours (Clinic Independent Study is no must register for this course as I would any other an of credit hours I intend to take. Upon completion, respectively.	t an S/U course). Finally, I understand that I d upon registration must specify the number
Date:	Student Signature
	Student Name (print)
Certified:	Professor Signature
	Professor Name (print)
Approved:	Associate Dean

(Upon completion, return this form to the Law Registrar before the add course deadline of a given semester.)