APPLICATION FOR ADVANCED CLINIC

Semester (circle one): Fall Spring Summer Year: 20___

Indicate the Clinic track(s) in which you are available to enroll. Please note that applicants for Advanced Clinic are placed on a waiting list for their chosen track(s). Shortly after registration, Clinic staff will notify you as to whether your application has been approved and the availability of your chosen track(s). At that time you must accept or decline the track(s) you are offered.

❒ M/W from 9 a.m. to 1 p.m. ❒ Tu/Th from 9 a.m. to 1 p.m.

❒ M/W from 1 p.m. to 5 p.m. ❒ Tu/Th from 1 p.m. to 5 p.m.

❒ M/T/W/Th from 9 a.m. to 3:30 p.m. (Summer only)

Name: _____

Address: _____

Email Address: _____

Day Telephone Number: _____ Cell Number _____

Expected Date of Graduation: _____

Semester & Year You Previously Attended Clinic: _____
If you were enrolled as a summer student: Have you taken Professionalism? ❒ Yes ❒ No
If no, do you plan on taking the professionalism component of clinic as an advanced clinic student? ❒ Yes ❒ No

Are you certified under the Student Appearance Rule? ❒ Yes ❒ No
If not, are you eligible to be certified or will you be when you intend to enroll? ❒ Yes ❒ No

Other Practical Skills or Relevant Courses Taken: _____

_____

Why do you want to enroll in Advanced Clinic?

_____

_____

Are there specific skills on which you wish to focus?

_____

_____

Do you have any preference as to case types?

_____

_____

For Registrar's Use Only: Date Received: _____ Date Faxed/Mailed to Clinic: _____

Revised 07/12