

ASPER PLACEMENT

Student's Name

(Year and Division)

I wish to register for a (3)-credit Asper Fellowship at

(Asper placement court / agency / organizational name)

Asper Placement Information:

Student Information:

(Placement Supervisor's Name & Title)

(Name)

(Complete Address)

(Address)

(Telephone)

(Telephone)

(Fax)

(e-mail address)

(e-mail address)

for the _____ Summer _____ Fall _____ Spring semester _____
(check one) (year)

Faculty Supervisor's Name: _____
PLEASE PRINT

*Please return the Asper Faculty Approval Form to Room 208 or e-mail to
lblake@law.umaryland.edu.