COURSES REQUIRING FACULTY APPROVAL*

Submit the completed form, once approved, to Suite 280, Office of Registration and Enrollment. OR&E will register you for the appropriate credits.

I. STUDENT REQUEST

Name: _______________________________  Class Code: ________

Class codes are as follows:

LD2 = 2 day     LE2 = 2 eve     LP2 = part-time day 2nd year    LSD = Law Non Degree day
LD3 = 3 day     LE3 = 3 eve     LP3 = part-time day 3rd year    LSE = Law Non Degree eve
LE4 = 4 eve     LP4 = part-time day 4th year    LL.M = Master of Laws

requests permission to register for_____________________________ (course title)
for _______ credits for the ______________ semester _              .
(1, 2, 3, 4 etc.) (Summer, Fall or Spring) (Year)

▪ If for Clinic II, the practice area of the clinic will be
  ____________________________
  (ie. criminal defense, post-conviction, general practice, education, AIDS, economic development, etc.)

   NOTE: ALL CLINIC REQUESTS REQUIRE THE SIGNATURE
   OF THE FACULTY MEMBER AND THE MANAGING DIRECTOR
   OF THE CLINIC.

▪ Externships - this form is not applicable for externships. Please refer to the Free-standing &
  Program Based Externship Application Form available on the forms shelf outside of Suite 280 and
  online at www.law.umaryland.edu/academics/practice/externships

▪ If for Independent Written Work, for cert?   Yes_____      No _____

▪ Other _____

II. FACULTY APPROVAL

_____________________ ____________________ ____________
Faculty Name (Print)               Faculty Signature  Date

_____________________ ____________________ ____________
Clinic Managing Director       Director’s Signature  Date

See course catalog (www.law.umaryland.edu/current.asp) for information about each offering.
*For Asper Judicial Fellowship information and application, see Crystal Edwards in the Dean’s Office.

OR&E 03/16