

UNIVERSITY OF MARYLAND SCHOOL OF LAW

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.