

ADVANCED CLINIC

Name _____ UT EID _____
Email address _____ Phone _____
Expected Grad Semester: _____ Today's date _____

Please consult detailed Advanced Clinic rules at: <https://law.utexas.edu/student-affairs/academic-services/advanced-clinic/>

I wish to register for Advanced Clinic under the supervision of Professor _____.
I understand that as I am graduating this semester, my work must be completed sufficiently in advanced of the official graduation date, as to enable the professor to have my credit in to the Student Affairs office by the certification date.

I understand my work must be performed during the semester/term of registration. If credit has not been received within five (5) weeks after the end of a semester/term, a grade of Q (drop) shall automatically be entered on the permanent record.

REGISTRATION: Please indicate the following about the course you are requesting:

Semester/Year	Unique Number	Hours	Course Number:
_____	_____	_____	197W
			297W
			397W

CLINIC TITLE: _____

GRADING: I understand that I can take this course only on a Pass/Fail basis, and that I may count a total of three (3) Advanced Clinic hours to my degree.

Student Signature _____ Date _____ Supervising Professor _____ Date _____

STUDENT AFFAIRS OFFICE CERTIFICATION

_____ Prior Hours of Advanced Clinic (3 aggregate hours maximum allowed)

Staff/Date: _____ SMS ___ Notified _____