



WESTERN NEW ENGLAND UNIVERSITY

SCHOOL of LAW

CLINIC REGISTRATION FORM

The Law School and the professors and staff who teach and administer our clinical courses are aware that students have many demands on their time and that it is difficult to coordinate course work, extracurricular activities, outside employment and personal responsibilities. At the same time, we know that when a student who is selected for a clinic decides to "drop", that student causes serious harm to the clinic, clients and to other students who were not initially selected. It often turns out that, as a result of the withdrawal, the clinic is understaffed by students for the entire semester, and a student who could have been placed may lose the opportunity.

Accordingly, we ask that you analyze your other responsibilities and interests and evaluate your willingness and ability to meet the responsibilities of a clinic before committing to a clinic experience. We also ask that you agree that, when you accept a clinic offer, that acceptance is a commitment to take and participate in the clinical course in that particular semester.

I hereby accept and register for the following clinic position:

CLINIC

TERM

- Criminal Prosecution Clinic (Letter Grade) _____
- Criminal Defense Practicum (Pass/Fail) _____
- Elder Law Clinic (Pass/Fail) _____
- Family Mediation Clinic (Pass/Fail) _____
- Int'l Human Rights Clinic (Letter Grade) _____
- Legal Aid Clinic/General Civil Practice (Pass/Fail) _____
- Legal Aid Clinic/Immigration Unit (Pass/Fail) _____
- Legal Aid Clinic/Veterans Unit (Pass/Fail) _____
- Real Estate Practicum (Pass/Fail) _____
- Small Business Clinic (Letter Grade) _____

I understand that clinics are considered a restricted withdrawal course and once I have signed this clinic registration form, both the Registrar's Office and the Law Clinic consider the choice a **final commitment**. I also understand that the clinic course cannot be removed from my schedule without permission from Associate Dean of Clinics Lauren Carasik.

I understand that if I am SJC Rule 3:03 certificated for clinic participation it will only be in place for the semester in which I am enrolled for the clinic. Certification is terminated at the end of the semester by the SJC.

Student Signature _____ Date _____

Print Student Name _____ Date _____

Clinic Administrator's Signature _____ Date _____