INDEPENDENT CLINICAL STUDY PROPOSAL

G Fall Semester 20__
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G Spring Semester 20__

Student=s Name: ____________________________________________________________

Title of Project: ____________________________________________________________

Instructions: Attach a brief memo describing: (1) the agency or office, address and telephone number where you propose to learn on-site; (2) a description of the nature of the work of the agency or office and your proposed work; (3) the hours you will work over the semester (minimum 45 for one credit, 85 for two credits); and (4) your educational goals for the placement.

On-Site Supervising Attorney
(name, address, phone, e-mail): ____________________________________________

____________________________________________
____________________________________________
____________________________________________
____________________________________________

Sponsoring Professor: ___________________________   Date: __________
Signature

______________________________
(print name)

This project is approved for:

G one hour (ungraded credit)   (check one)  G two hours (ungraded credit)
when successfully completed.

Clinical Committee:

______________________________   Date: __________
Chair - Signature

______________________________   Date: __________
Signature

______________________________   Date: __________
Signature

______________________________   Date: __________
Signature