## MITCHELL HAMLINE SCHOOL OF LAW (MHSL) INDEPENDENT CLINIC APPLICATION

THIS APPLICATION MUST BE TYPED.

This application is for enrollment in an independent clinic. To qualify as a clinic, (1) the student must have primary responsibility for client representation or other practice-related activity; and (2) the student's lawyering experience must be supervised directly by a faculty member. If your plan does not include both features, you should instead consider doing an independent externship. Independent clinics are letter graded courses.

## Independent Clinic (Course Number #4344)

Student Name:				<b>ID</b> #:	
Address:					
Phone:					
Email address (def	ault is MHSI	L address):			
Semester: Fall 🗆	Spring 🗆	Summer 🗆	Year 20		

**Credits:** One **Two Three Four Other (requires advance permission): I understand that for** *each* **credit received, the Student must log 45 hours.** Forty-five hours requires an average of 3 hours per week for 15 weeks. Any hours worked over your credit hours qualify for MJF volunteer public service hours. Please log in your MJF hours.

## Name of Supervising Faculty Member:

A. **Plan for Faculty Supervision of Student** (must include opportunities for feedback and selfevaluation, integration of doctrine, theory, skills, and legal ethics, and a classroom instructional component that develops concepts underlying professional skills being learned) **B.** Student's Clinic Activities (must integrate doctrine, theory, skills, and legal ethics; for a continuing clinic, activities must specifically address how work will be different so as to promote substantial ongoing learning)

**C. Student's Learning Goals** (for a continuing clinic, goals must specifically address how goals will be different so as to promote substantial ongoing learning)

## SIGNATURES OF APPROVAL

Student: \_\_\_\_\_

Date:

Supervising Faculty Member: \_\_\_\_\_

Date:

Clinic Director:

Date: