MITCHELL HAMLINE SCHOOL OF LAW (MHSL) INDEPENDENT CLINIC APPLICATION (4344)

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 Clinics are considered non-classroom credit hours.**

Independent Clinic (Course Number #4344)

Student Name:	ID #:
Address:	
Phone:	
Email address (default is MHSL address):	

Semester: Fall 🗋	Spring L	Summ	er ∐ Yea	ır 20			
Credits: One 🗆	Two 🗆	Three 🗆	Four 🗆	Other (requires	advance	e permission):	
I understand that	for <i>each</i> cr	edit receiv	ed, the Stu	dent must log 45	hours.	Forty-five hour	S
requires an average	e of 3 hours	per week fo	r 15 weeks	. Any hours work	ed over	your credit hou	rs
qualify for MJF vol	lunteer publ	ic service h	ours. Pleas	e 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: