

MITCHELL HAMLINE SCHOOL OF LAW (MHSL)
CLINIC STUDENT DIRECTOR APPLICATION (CLI-6000)

THIS APPLICATION MUST BE TYPED.

This application is for enrollment in a clinical course as a Clinic Student Director. To qualify as a Clinic Student Director, (1) the student must have been previously enrolled in one or more semesters in the clinic for which they are applying to be a student director (2) the student must attend the classroom instructional component during the semester they enroll as a student director. If your plan does not include both features, you should instead consider doing an independent clinic. Clinic Student Directors are to receive a letter grade in the course. **Clinic Student Directors are considered classroom credit hours.**

Clinic Student Director (Course Number #CLI-6000)

Student Name:

ID #:

Address:

Phone:

Email address (default is MHSL 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 Incorporation of Clinic Student Director into Classroom Instructional Component** (must include enhanced opportunities for participation in seminar that go beyond prior participation instructional component that deepen integration of doctrine, theory, skills, and legal ethics underlying professional skills being learned)

This box is for clinic use only

Faculty:

Updated 7/14/2025

B. Student's Clinic Activities (must integrate doctrine, theory, skills, and legal ethics; activities must specifically address how work will be different so as to promote substantial ongoing learning)

C. Student's Learning Goals (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: