

**MITCHELL HAMLINE SCHOOL OF LAW (MHSL)  
INDEPENDENT CLINIC APPLICATION (CLI 1040)**

*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 CLI 1040)**

**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 Faculty Supervision of Student** (must include opportunities for feedback and self-evaluation, integration of doctrine, theory, skills, and legal ethics, and a classroom instructional component that develops concepts underlying professional skills being learned)

**This box is for Sue McBrayer's use only**

**Faculty:**

**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:**