



University of Connecticut School of Law
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Hartford, Connecticut 06105
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Multiple Clinic Enrollment Request

This form is to be used by students enrolling in multiple clinics in one semester to acquire the consent of clinic instructors. As conflicts pertaining both to clients and time commitments, may occur, students must receive prior permission to participate concurrently in multiple clinics in the same semester. Please also note: only upper division students may enroll in clinics.

STUDENT INFORMATION

Name and Student ID Number	
Year and Division (ex: 2L Evening)	

CLINIC INFORMATION

Enrollment Semester (Term and Year)	
Clinic #1 Title	
Clinic #1 Instructor	
Clinic #2 Title	
Clinic #2 Instructor	

APPROVAL

Student Signature and Date	
Clinical Faculty Member #1 Signature and Date	
Clinical Faculty Member #2 Signature and Date	

For Office Use Only:

Processor's Initials

Date Received

Date Processed