CLINIC CHECKLIST/OVERRIDE FORM

The clinic checklist/override form is to be submitted by the student to the Clinic Instructor for approval. The Clinic Instructor will send the completed checklist to lawreg@siu.edu for review and processing.

This form is to be filled out and signed electronically by all parties. Instructions on how to do this can be found at https://law.siu.edu/programs/student-services/registrar.php.

Clinic prerequisite: Students must be Illinois 711 license eligible (earned credits that represent at least one-half [45] of the credits required for graduation and be in good standing at the time of enrollment and remain in good standing at the time of the course).

To be completed by student:

NAME: _____ DAWGTAG: _____ EMAIL: _____

COMPLETED CREDIT HOURS (passed/earned hours): ____ @ the end of _____
(Do not include courses/credit hours that are in-progress) (Semester and Year)

GOOD ACADEMIC STANDING: ◯ YES ◯ NO (CUMULATIVE GPA: ___ . ___ @ the end of _____)
(Semester and Year)

COURSE REQUESTED: ◯ LAW 673 Civil Practice Clinic
◯ LAW 677 Juvenile Justice Clinic

SEMESTER REQUESTED: ◯ SUMMER ◯ FALL ◯ SPRING YEAR: _____

NUMBER OF CREDIT HOURS PREVIOUSLY COMPLETED AND/OR CURRENTLY ENROLLED: ____ LAW 673(CPC)
____ LAW 677 (JJC)

Note: No more than 3 credit hours of any one Legal Clinic per Fall/Spring semester (2 credit hours per Summer semester). No more than one Legal Clinic per semester without permission from all involved Faculty Supervisors, No more than 6 credit hours of any one Legal Clinic over multiple semesters without permission from the Clinic Director.

OVERRIDE(S) REQUESTED: ☐ **SPECIALAPP** *(for Instructor Approval)* ☐ **REPEAT**

DATE: _____ Student Signature: _____

To be completed by Clinic Instructor: ◯ Approve ◯ Deny

Comments: _____
_____

DATE: _____ Clinic Instructor Signature: _____