Practicum Extension (350)  
Registration Authorization

(PRINT LEGIBLY!)

Student: ________________________________________________________

Course Title: ____________________________________________________

Course Number-Section: _________________________________________

Course Semester: ___________________________ 20_________

Professor: _____________________________________________________

Practicum Semester: __________________________ 20_________

Practicum Placement: _________________________________________

Supervising Attorney: _________________________________________

Is registration for this Practicum Extension: _______initial, or _______subsequent?  (Registration for a subsequent Practicum Extension may be approved if the underlying subject areas are substantially different enough to warrant additional academic credit. This determination will be made by the Executive Associate Dean, Academic Affairs.)

To the Professor:
The above named student is authorized to register for course 350 Practicum Extension under my supervision as an expansion to the course noted above. Upon successful completion, the student is eligible to earn the corresponding number of hours, and graded as indicated below:

_____ 1 hour _____ Grade or _____ Pass/Fail

_____ 2 hours _____ Grade or _____ Pass/Fail

_____________________________________________
Professor’s Signature

_____________________________________________
Signature of Executive Associate Dean, Academic Affairs

To the Student:
I understand that I may register for 350 Practicum Extension, and upon successful completion, earn 1 or 2 credit hours as indicated above.

_____________________________________________
Student’s Signature

RETURN THIS COMPLETED FORM TO THE REGISTRAR’S OFFICE.

PRACTICUM EXTENSION AUTHORIZATION FORM-111313; rev. 110515