

# Practicum Extension (350) Registration Authorization

**(PRINT LEGIBLY!)**

Student: \_\_\_\_\_

Expansion Course Title: \_\_\_\_\_

Expansion Course Number-Section: \_\_\_\_\_

Expansion Course Semester: \_\_\_\_\_ 20\_\_\_\_\_

Expansion Course Professor: \_\_\_\_\_

Practicum Semester: \_\_\_\_\_ 20\_\_\_\_\_

Practicum Placement: \_\_\_\_\_

Practicum 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 as indicated below:

**2L during 2017-2018:**

\_\_\_\_\_ 1 hour Honors/Pass/Low Pass/Fail

\_\_\_\_\_ 2 hours Honors/Pass/Low Pass/Fail

**3L during 2017-2018:**

\_\_\_\_\_ 1 Hour \_\_\_\_\_ Pass/Fail **OR** \_\_\_\_\_ Grade

\_\_\_\_\_ 2 Hours \_\_\_\_\_ Pass/Fail **OR** \_\_\_\_\_ Grade

\_\_\_\_\_  
**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.**