Approval to Enroll in Clinic

_____ _____
Semester Today's Date

_____ _____
Last Name, First Name ID #

_____

The above named student has approval to enroll in:

_____ Clinic _____
Name of Clinic I or II

_____ _____ _____
CRN Credits Professor

_____ _____
Approval Signature Date

Records Office use only:

_____ _____
Date Entered Initial

LSR0311