APPLICATION FOR ADVANCED CLINIC

Semester (circle one): Fall Spring Summer Year: 20_____

Name: _____

Address: _____

Email Address: _____

Day Telephone Number: _____ Cell Number _____

Expected Date of Graduation: _____

Semester & Year You Previously Attended Clinic: _____

Are you certified under the Student Appearance Rule? ❒ Yes ❒ No

If not, are you eligible to be certified or will you be when you intend to enroll? ❒ Yes ❒ No

Other Practical Skills or Relevant Courses Taken: _____

_____

Why do you want to enroll in Advanced Clinic?

_____

_____

Are there specific skills on which you wish to focus?

_____

_____

Do you have any preference as to case types?

_____

_____

Indicate the Clinic time slot(s) in which you are available to enroll. Please note that applicants for Advanced Clinic are placed on a waiting list for their chosen time slot(s). Shortly after registration, Clinic staff will notify you as to whether your application has been approved and regarding the availability of your chosen time slot(s). At that time you must accept or decline the time slot(s) you are offered.

❒ M/W from 9 a.m. to 1 p.m. ❒ Tu/Th from 9 a.m. to 1 p.m.

❒ M/W from 1 p.m. to 5 p.m. ❒ Tu/Th from 1 p.m. to 5 p.m.

❒ M/T/W/Th from 9 a.m. to 3:30 p.m. (Summer only)

For Registrar's Use Only: Date Received: _____ Faxed/Mailed to Clinic on_____

Revised 05/08