

MEDIATION CLINIC

Student Information and Acknowledgement Form

Student Name: _____

E-mail: _____

Semester for which you are registering: _____

Number of credits for which you are registering (3-4): _____ Participating students are expected to contribute 50 working hours in the clinic for each hour of academic credit received.

Have you ever had a clinical or internship placement before? _____ Be aware that students have an aggregate maximum in Clinics and Internships of six credit hours.

You must have completed a minimum of 45 credit hours. How many academic credit hours will you have completed at the end of the current semester? _____

Are you on Special Academic Supervision? _____ If so, are you now eligible to register for this class? _____

Registration in the Mediation Clinic requires that you have previously taken and completed Mediation Theory & Practice or the Mediation Practice Intersession. Please list which class you have taken and the semester. _____

Signature of Student: _____ Date: _____

Signature of Debra Berman (Frank Evans Center) _____ Date: _____

Signature of Registrar: _____ Date: _____

PLEASE BRING THIS FORM TO THE REGISTRAR'S OFFICE FOR APPROVAL