

WIDENER UNIVERSITY COMMONWEALTH LAW SCHOOL

**Clinical Credit Approval Form**

*No student may earn more than eight clinical credits.*

**Student Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_  
**Student Email:** \_\_\_\_\_@widener.edu

**Circle Your Year & Division:**    2RD    3RD    2ED    3ED    4ED

**Indicate the Semester and year in which credits will be completed (Use 1 form per semester):**

Fall \_\_\_\_\_                       Spring \_\_\_\_\_                       Summer \_\_\_\_\_

**If requesting externship credits, where will you be working?** \_\_\_\_\_

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<u>Externship Credits:</u>	Course	Course Number	Credits
	PBA Externship	803	_____
	Clinical Externship	803	_____
	Judicial Externship	809	_____

<u>Clinic Credits:</u>	Course	Course Number	Credits
	PA Civil Clinic	925	_____
	PA Civil Clinic Leader	926	_____

<u>VITA Credit:</u>	Course	Course Number	Credits
	VITA (1 credit per year)	7003X	_____

/s/

\_\_\_\_\_  
**Faculty Supervisor's Signature** **Date**

/s/

\_\_\_\_\_  
**Student's Signature** **Date**