

FORM SEVEN

JOHN MARSHALL LAW SCHOOL

REGISTRATION PERMISSION FORM FOR  
NON-CLASSROOM COURSES

NAME: \_\_\_\_\_ S.S. # \_\_\_\_\_

YEAR: \_\_\_\_\_ FULL-TIME \_\_\_\_\_ PART-TIME  
\_\_\_\_\_

SEMESTER/TERM:  Fall  Spring  Summer

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**DIRECTIONS:** Complete and have this form signed by the appropriate instructor or supervisor prior to registering. Registration a requested course is subject to confirmation by the Office of Student Services. Please make sure you meet course prerequisites.

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COURSE [√ Desired Course]	COURSE NUMBER	CREDITS [√ number credit(s) to be approved]
<input type="checkbox"/> ATLA Trial Team	_____	(Reserved)
<input type="checkbox"/> Civil Legal Aid Clinic I	_____	3
<input type="checkbox"/> Civil Legal Aid Clinic II	_____	3
<input type="checkbox"/> Directed Research Project	_____	<input type="checkbox"/> 1 or <input type="checkbox"/> 2
<input type="checkbox"/> Externship	_____	(Reserved)
<input type="checkbox"/> Law Review	_____	(Reserved)
<input type="checkbox"/> Moot Court Competition	_____	3
<input type="checkbox"/> Supervised Research Paper	_____	<input type="checkbox"/> 1 or <input type="checkbox"/> 2

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Signed: \_\_\_\_\_  
**Signature of Instructor** \_\_\_\_\_ **Date**

Signed: \_\_\_\_\_  
**Signature of Student** \_\_\_\_\_ **Date**

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RECEIVED: \_\_\_\_\_  
**Office of Student Services** \_\_\_\_\_ **Date**