

Consent of Instructor
Law 662: Advanced Education Advocacy Clinic
Professor Bill Koski
Fall Semester 2008

Name: _____ SID# _____ Date: _____

E-mail: _____

Address: _____ Phone: (____) _____

University Department: _____ Year of Graduation/Degree: _____

Semester in which Education Advocacy Clinic was completed: _____

Please briefly explain why you are interested in taking the Advanced Clinic; specifically stating the nature of the project or supervisory work in which you are interested (please see the course description and use additional sheets if necessary):

Please list prior relevant course work and work experience:

Please include any other information you feel is relevant to your enrollment in the Advanced Clinic:

(Print) _____ (Sign) _____ (Date) _____

To apply, please return two identical consent forms including two sets of attachments and one rank form (if applicable) to Judy Gielniak in the clinic office, room B04.