

**Consent of Instructor**  
**Law 660: Education Advocacy Clinic**  
**Professor Bill Koski**  
**Fall Semester 2008**

Name: \_\_\_\_\_ SID# \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

University Department: \_\_\_\_\_ Year of Graduation/Degree: \_\_\_\_\_

Anticipated Term of Clinic Enrollment (Check One):      Fall              Spring              Both

Successful completion of or concurrent enrollment in Evidence is recommended to apply to the Education Advocacy Clinic.

Please briefly explain why you are interested in enrolling in the Education Advocacy Clinic (use additional sheets if necessary):

Please list prior relevant course work and work experience:

Courses:

Work Experience:

Please include any other information you feel is relevant to your enrollment in the Clinic. You are encouraged to attach your resume:

(Print) \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date) \_\_\_\_\_

---

Please note that of the 7 credits offered for this course, 4 are graded off-mean and 3 are mandatory 3k.

**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.**