



**DUQUESNE UNIVERSITY SCHOOL OF LAW
DEPARTMENT OF CLINICAL LEGAL EDUCATION**

Clinic Acceptance and Commitment Agreement

Student name _____

Student year & division in **Fall 2009** (3D or 4E, 2D, 3E, or 3 PTD etc.) _____

Address _____

Telephone _____ Duq. Email _____

Other Email _____

Clinic _____

PLEASE READ AND SIGN

I recognize registration in the Clinic demands a serious time commitment (students are expected to complete a minimum of 8 to 10 hours per week depending upon the credit load for the clinic) and involves live legal work on actual cases for which I will be responsible. I recognize that this Clinic will be a major commitment during my enrollment. I understand that I may not be engaged in work or extracurricular activities that interfere with my obligations to the Clinic, my client, and colleagues. I further recognize that the number of students enrolled in the Clinic is limited and fixed. Enrollment in the Clinic cannot be increased or decreased once the semester begins.

I agree that upon my acceptance of the offer of admission to the above named clinic course, I will not thereafter elect to drop the course except for compelling reasons and with the permission of the Clinic Director and the Associate Dean.

I also agree to attend the mandatory clinic orientation during the first week of classes.

Student Signature

Date