

APPLICATION FOR ADVANCED TAX CLINIC

Semester (circle one): Fall Spring Summer Year 20__

Indicate whether you are taking clinic for 2 semester hours, 3 semester hours, or 4 semester hours (circle one):

Two semester hours (seven hours per week at the clinic)

Three semester hours (ten hours per week at the clinic)

Four semester hours (thirteen hours per week at the clinic)

Indicate the days, and the hours on those days, that you would like to "work" at the clinic

Name: _____

Address: _____

Email address: _____

Day telephone number: _____ Cell Number: _____

Expected date of graduation: _____

Semester & year you previously attended clinic: _____

Are you certified under the Student Appearance Rule: Yes No

If not are you eligible to be certified or will you be when you intend to enroll: Yes No

Other practical skills or relevant courses taken: _____

Why do you want to enroll in Advanced Tax Clinic?

What kind of cases (work) were you assigned in your previous semester at the clinic?

Are there specific skills on which you wish to focus?

The purpose of the Advanced Tax Clinic is to give the student the more complicated and complex tax cases, and to give the student the opportunity to handle the kind of work that they did not have the opportunity to handle in their prior semester.

For Registrar's Use Only: Date Received: _____ Date Faxed/Mailed to Tax Clinic: _____