

SPECIAL COURSE REGISTRATION REQUEST FORM

Law 5124 Public Interest Organization Internship

Name: _____ Student Number: _____
Print

Term: _____ 20____

Name of Organization: _____

Address: _____

City/Province: _____

Supervisor/Evaluator Name: _____

Title: _____

I request registration in this course as per the attached proposal.

Student's Signature: _____ Date: _____

Approval
Associate Dean: _____ Date: _____

PLEASE RETURN TO THE GENERAL OFFICE

For office use only

Course Requirements:

Reflective paper

Presentation

Other _____