

JANET R. SPRAGENS
FEDERAL TAX CLINIC
(Fall Semester)
AY2008-2009

NAME: _____

ACCEPT

DECLINE

SIGNATURE: _____

***Clinic Administrative Fee \$60.00**
(Check or Money Order)

*Please return this form to the Clinic Office (Room 417) with
your Clinic Administrative Fee by April 7, 2008.*

CLINIC STAFF USE ONLY

Clinic Administrative Fee Received YES NO _____

Check

Money Order