

WOMEN & THE LAW CLINIC
(Fall Semester)
AY2008-2009

NAME: _____

ACCEPT

DECLINE

SIGNATURE: _____

***Clinic Administrative Fee \$120.00
(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