

Date \_\_\_\_\_

Student's name \_\_\_\_\_ ID number \_\_\_\_\_

Student's Email Address \_\_\_\_\_ Phone \_\_\_\_\_

1L      2L      3L      LLM      Visiting      Anticipated graduation date: \_\_\_\_\_

Name of Competition: \_\_\_\_\_ Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_

Date(s) competition is/was held: \_\_\_\_\_ Location: \_\_\_\_\_

Units Requested\*: \_\_\_\_\_. *\*Units will be awarded in the semester which corresponds with the date the competition was held)*

Description of your responsibilities:


List Team Members Names:


1. \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Supervisor <i>Registrar's Office will accept an <a href="#">email</a> from Supervisor in lieu of signature.</i>	Print Last Name
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2. \_\_\_\_\_ Date: \_\_\_\_\_

Emily Scivoletto, Senior Assistant Dean for Student Affairs

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