

**ADVANCED COURSE-RELATED EXPERIENCE (ACE)  
WITH A CLASSROOM COURSE**

STUDENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK: \_\_\_\_\_

COURSE CONNECTED TO PROPOSAL: \_\_\_\_\_  
(Students may only do one ACE project in connection with any course.)

SEMESTER ENROLLED IN COURSE: \_\_\_\_\_ SEMESTER FOR PROJECT: \_\_\_\_\_

FACULTY SUPERVISING PROJECT:

Classroom Professor: \_\_\_\_\_

OUTSIDE SUPERVISOR/S FOR PROJECT: \_\_\_\_\_

NUMBER OF CREDITS: \_\_\_\_\_  
(subject to clinic credit restriction in handbook.)

DESCRIPTION OF PROJECT: *Attach a description of the project which describes the project and its requirements, including performance of 60 hours per credit, regular meetings with faculty supervisor, contract with non-law school supervisor if supervised by outside office or agency, and agreement to provide written summary of project at its conclusion. Include a proposed agreement with the outside agency or person with whom the student will be working, if applicable. Neither the student nor the faculty or outside supervisor may receive compensation in connection with work done on the project or for the product resulting from the project.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Classroom Professor Approving Project

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Director of Clinical Programs and Externships

Date: \_\_\_\_\_

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To be completed and given to Director of Clinical Programs with project summary upon completion of project.

Date of Completion: \_\_\_\_\_

Grade: \_\_\_\_\_

**Comments:** (summary of project should be attached.)

Signature of Classroom Professor Approving Credit for Project:

\_\_\_\_\_

Date: \_\_\_\_\_

Reviewed and approved: \_\_\_\_\_  
*Director of Clinical Programs and Externships*

Date: \_\_\_\_\_