

Permission to enrol in LAW306/LLM 506 Law Experiential Learning

Student Number

UNE email

Given Name

Surname

Phone Number

Which unit level are you seeking enrolment in?

LAW306

LLM506

Do you currently meet the prerequisites for LAW306/LLM506?

Yes

No

Which iteration are you seeking enrolment?

T1

T2

T3

Which stream are you seeking enrolment (select one option)?

For clinical/practical work placement, please provide details of host workplace, supervisor and activities that may be performed

Supervisor Name

Organisation

Supervisor email

Supervisor phone
number

Description of activities

Please submit this form as an attachment via AskUNE.