

Pepperdine University School of Law
Experiential Learning Requirement
Waiver of up to 5 Units

Name: _____

CWID: _____

Graduating Class: _____

Identify the placement where you completed legal work under the supervision of a lawyer and briefly describe the work you have completed without receiving academic credit:

Supervising Attorney(s): _____

How many hours did you work at this placement or on this project? _____

How many units of experiential credit are you seeking to waive based on this work? _____

I certify, subject to the School of Law Honor Code and governing rules of professional conduct, that I completed these documented hours at this placement in qualifying legal work, without receiving school credit, paid or unpaid, under supervision of the undersigned, licensed attorney.

Student Signature: _____ Date: _____

I certify that I supervised this student's qualifying legal work described here, that the student's information presented here is accurate and correct, and that I have completed or will complete the Supervising Attorney Compliance Form if required by the State Bar of California for this student.

Supervising Attorney: _____ Date: _____

Approved: _____ Date: _____

Director of Clinical Education

