



INDEPENDENT CLINICAL WORK PROGRAM
HLAB SUPPLEMENTAL APPROVAL FORM

For Harvard Legal Aid Bureau Members
Submitting Independent Clinical Proposals

Please submit this HLAB Supplemental Approval form along with your Application Form and Proposal to the Office of Clinical and Pro Bono Programs in Austin 102. All signatures must be obtained before submitting the application.

Student Information: (Please Print Clearly)

Year: 2L 3L

Last Name: _____

First Name: _____

Email: _____

HUID: _____

Term of Independent Clinical: Fall Winter

Spring

HLAB Approval:

We are aware that this student wishes to pursue independent clinical work for the term, and we approve of the student's absence from the Bureau.

HLAB Director Name: _____

HLAB Director Signature: _____ Date: _____

Board Representative Name: _____

Board Representative Signature: _____ Date: _____