

Certification for Practice or Advocacy Skills Requirement Form

This form is only required if substituting a course that is not on the approved list.

| Student Name: | Student Number: |
|--|--|
| Please check the degree requirement below: | |
| ☐ Practice Skills Requirement ☐ Adv | ocacy Skills Requirement |
| | |
| I certify that this student has met the degree requirement checked above in my course | |
| Law in theterm of the _ | academic year. |
| | |
| Name of Instructor (please print): | |
| Signature of Instructor: | |
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| Please return the completed form to the Student Services Office, Room 200, Macdonald Hall. | |

By authority of the Royal Charter, 1841 of Queen's University, as amended, personal information is being collected on this form to ensure accurate recording of the requirement on the student's official academic record. The completed form will be kept for one year in accordance with the requirements of the Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.F.31 and thereafter destroyed.