ELON UNIVERSITY SCHOOL OF LAW
FOR 2L AND 3L STUDENTS
EMPLOYMENT PERMISSION FORM

Please Print

Name: ____________________________ Class of: ____________________________
 Last    First    MI

Term: ___/___  Credit Hours Enrolled: _____  Hours Expected to Work Per Week: _____
Sem  Year

Home Telephone: (___) ____________  Work Telephone: (___) ____________

Employer: ____________________________________________________________

Address: _____________________________________________________________________________________________________

____________________________________________________________________________________________________

Expected Duties: _______________________________________________________________________________________________

____________________________________________________________________________________________________

All Students Working During the Academic Year Must Acknowledge and Sign the Section Below:

I acknowledge that second and third year students must also seek permission to work and such permission will generally be granted, assuming good academic standing. Consistent with American Bar Association (ABA) standards, school policy prohibits second and third year students from working more than twenty hours per week during the academic year. I acknowledge that I am aware of the school policy and ABA rule limiting outside employment for full time students to no more than 20 hours per week during the school year and I certify that I will abide by this rule.

I understand that I must notify the law school and complete a new employment form each academic year or if the above information changes during the semester.

_________________________________________  __________________________
Signature  Date

Approval: ____________________________  __________________________
   Initials  Date

Notes: __________________________________________________________________________

Please return form to the Registrar’s Office

Employment Form (08/14)