Application for Skill Credit

The Office of Skills and Experiential Learning
540 Broadway Street
New Orleans, Louisiana 70118
(504) 861-5560
Email: Halinare@loyno.edu

Stude	nt Name:	Student Number:	
Email Address:			
	Skills Credit Policies for A	ttending Professional CLEs	
	The CLE shall be certified as an accredit mandatory continuing guidelines for Leg	ed State Bar presentation eligible under the gal education; and,	
	The CLE presentation shall be three hour	rs or more in order to qualify for skill credit.	
	Students must submit a 400-word reflect sessions attended.	ion paper on the skills they learned from the	
	Students should not assume all CLE pres Skills committee reserves the right to rev students have received sufficient skills of	-	
		am of 2 skills credit through this application d for a CLE that occurred more than 6 months a.	
	Students are encouraged to contact Pr to receive pre-approval.	of. Linares prior to attending a CLE in order	

CLE Skills Credit Application Form

CLE Skins Credit Application Form		
CLE Title:		
Date Attended:		
 Please list the individual titles of sessions attended and list the start and end time for each session: 		
2. Please attach any materials or include any links to available materials. If the skills-based nature of the training is not clear from the available materials, please include an explanation of why you believe the CLE you attended should qualify for skills credit.		
3. Please submit a minimum 400-word journal entry reflecting on practical skills learned a the CLE.		
NOTE: By completing this form you certify this is that actual amount of time you attended the CLE. An inaccurate statement could result in an honor code violation.		
I hereby certify the above application is correct and all information is timely for review. Also, I understand that skill credit may not be earned for every CLE presentation.		
[Signature]		

[Print Name]

Signed on this _____ day of ______, 20__