THE UNIVERSITY OF AKRON SCHOOL OF LAW

Acknowledgement of Employment Policy for First-Year Full-Time Students

Printed Name:		Student ID #:	
UA Email Address:	@zips.uakron.edu	Cell Phone #:	
academic success, first	-year full-time law students are st	law school, and to provide the highest likelihood of trongly discouraged from working during the academic udents may not work more than 20 hours per week	
Please check the appro	priate statements below:		
I am a full-time s	student and I certify that I will NO	PT be working during my first year of law school.	
I also certify that school.	t I will complete and submit this f	form again if I begin any work during my first year of lav	v
Violation of this policy Committee.	or making a misrepresentation or	n this form, may result in referral to the Disciplinary	
Signature:		Date:	
I am a full-time s rest of this form.)	tudent, and I WILL be working du	ring my first-year of law school. (Please complete the	
-	stant Dean of Student Affairs. Co	e academic year must complete this portion of the form ontact Assistant Dean Charles Oldfield at cwo@uakron.eg	
I plan to work	hours per week (cannot exce	ed 20).	
Identify your employe	r and the type of work you will b	e performing:	
	acknowledge that you understan	nd and have considered the adverse effect employmentirst year of law school.	nt
Name (printed):		Date:	
Student Signature:		Cell Phone Number:	

Please contact Assistant Dean Charles Oldfield at cwo@uakron.edu or 330-972-6750 with any questions.