

2009-2010 CLINICAL APPLICATION

Name: _____ MUST PROVIDE SCHOOL E-MAIL: _____
Current Address: _____ Cell Phone: _____
_____ Telephone: _____
Summer Address: _____ Summer Telephone: _____

STUDENT STATUS

Circle One: Day Student Evening Student **Anticipated year of graduation:** _____

If graduating Dec. 2010, have you confirmed eligibility for criminal clinics with Asst. Dean Cove? _____

CLASSES

Number of previous Internship/Clinical credits taken: _____

By the Fall of 2009 I will have/be (**Circle One**): Completed Evidence **OR** Currently enrolled in Evidence

Have you taken:

			If yes, which semester:
Children & the Law	Yes	No	_____
Criminal Procedure	Yes	No	_____
Domestic Violence Course	Yes	No	_____
Family Law	Yes	No	_____
Immigration Law	Yes	No	_____
Trial Practice/Advocacy	Yes	No	_____

OTHER INFORMATION

Other Languages _____
(specify proficiency, and speak, read and/or write)

PROGRAM PREFERENCES

Please list the Clinical Program for which you are applying. You may only apply for admission to one program.

1. _____

ALTERNATE CHOICES If you do not receive a place in your first choice above, you will be considered for an alternate choice if space is still available.

A. _____ B. _____

PLEASE ATTACH A RESUME. (The resume will only be used to help identify disqualifying conflicts.)

PLEASE ATTACH A BRIEF PERSONAL STATEMENT (500-700 words). Describe your interest in participating in a clinic and what you would like to achieve through your clinical experience. We want to ensure that participation in the clinic will meet your goals. These statements are used for course planning purposes only and are not considered until after the lottery selection process has been completed.

NOTE: The submission of this application means that you have read and accept the conditions related to the clinic for which you have applied.

**APPLICATIONS MUST BE SUBMITTED BY 5:00 P.M. ON MONDAY, MARCH 9th.
MAILED, E-MAILED AND/OR FAXED APPLICATIONS WILL NOT BE ACCEPTED.**